

## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

and accounts proceeds)

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	5028 - SUBURBAN BANK
CT Lien Solutions	41266719
P.O. Box 29071 Glendale, CA 91209-9071	ILIL
	FIXTURE
File (vith, Cook, IL	h) (use exact full name; do not om

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Karen A. Yarbrough

Cook County Recorder of Deeds Date: 01/14/2014 12:10 PM Pg: 1 of 2

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L			THE ABOVE SPAC	E IS FO	R FILING OFFICE US	E ONLY
	File (vith) Cook, IL	. C. II do und amoit m				
1. DE	BTOR'S NAME: Provide only r. 9 D botor name (1a or 1b) (use	exact, full name; do not omit, in	information in item 10 of the Finar	ncino Sta	tement Addendum (Form U	ICC1Ad)
	The wife that it is the rest of the rest o	id provide the individual Debtor	HIDITIALOUT III NOTII TO CI CI CI CI CI CI		<del></del>	<del></del>
	a. ORGANIZATION'S NAME					
				ADDITION	(AL NAME(S)/INITIAL(S)	SUFFIX
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	AME	ADDITIO	are reserved	
	GOFIS	ANDREW			Lacety cont	COUNTRY
1c. M	AILING ADDRESS	CITY	Ì	STATE	POSTAL CODE	
727	73 SOUTH MADISON	BURR RIDGE		IL	60527	USA
0 DI	DECDIS NAME: Provide only one Debter name (2a or 2b) (us	e exact ,ull )ame; do not omit, n	odify, or abbreviate any part of th	e Debtor	's name); if any part of the	Individual Debtor's
2. DE	me will not fit in line 2b, leave all of item 2 blank, check here a	nd provide the Individual Debtor	information in item 10 of the Final	ncing Sta	tement Addendum (Form U	JCC1Ad)
	2a, ORGANIZATION'S NAME					
	Za. ORGANIZATION O NAME					
or I		FIRST PE (SO) AL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
١``	25, INDIVIDUAL'S SURNAME	SPIROS				ł
ļ	GOFIS		<b>A</b>	STATE	POSTAL CODE	COUNTRY
2c. N	AILING ADDRESS	CITY	///	-		1
14	100 85TH AVENUE	ORLAND PA		IL	60462	USA
3. SI	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	NOR SECURED PARTY): Prov	de only one Secure d Party name	(3a or 3	b)	<u> </u>
- 1	3a. ORGANIZATION'S NAME	_ <del>-</del>				
	SUBURBAN BANK & TRUST		(0)			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		:		6		
30	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
•		ELMHURST		l IL	30126	USA
15	0 BUTTERFIELD ROAD		<del></del>		100	
	OLLATERAL: This financing statement covers the following collate Fixtures; all trade fixtures; whether any of the foregoin	a is owned now or accill	ed later; all accessions, ac	ditions	, replacements, and s	substitutions
gen	ting to any of the foregoing; all records of any kind re eral intangibles, including but not limited to all borrow	er telephone numbers, b	isiness names, trade name	es, trad	lemarks, € mail addre	esses, websites;
~	t					<b>**</b> V

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representation.	2)-
5. Check only it applicable and directioning the polytopic page how	Anyo
6a. Check only if applicable and check only one box:  6b. Check only if applicable and check only one box:	
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor	
8, OPTIONAL FILER REFERENCE DATA: 41266719 MD/RAO	30074

1401410022 Page: 2 of 2

## **UNOFFICIAL COPY**

## UCC FINANCING STATEMENT ADDENDUM

MAR	OW INSTRUCTIONS		7			
17.46	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line	1b was left blank	Į.			
	ause Individual Debtor name did not fit, check here		-			
9	a, ORGANIZATION'S NAME					
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,	OURNAME.		-1			
ٔ [ ٔ	DE INDIVIDUAL'S SURNAME GOFIS					
ļ			1			
١	FIRST PERSONAL NAMF ANDREW		1			
Ļ	ADDITIONAL NAME(SYINITIAL(F)	SUFFIX	┪			
		1			IS FOR FILING OFFI	
_	EBTOR'S NAME: Provide (10a or 10t) only one additional Debtor name or	Debtor name that did not fi	in line 1b or 2b of the F	inancing St	atement (Form UCC1) (us	e exact, full name
.D	enot omit, modify, or abbreviate any part of the Drucer's name) and enter the ma	ailing address in line 10c				
G	10a. ORGANIZATION'S NAME					
-						
RΪ	10b, INDIVIDUAL'S SURNAME					
ŀ						
	INDIVIDUAL'S FIRST PERSONAL NAME					
Ì						SUFFIX
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	7				SUFFIX
					Tabasii oons	COUNTRY
10c	MAILING ADDRESS	CIT		STATE	POSTAL CODE	COCIONICI
		0,				
1,	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	OR SECURED PARTY	'S NAME: Provide or	ily <u>one</u> nam	e (11a or 11b)	
١,	11a. ORGANIZATION'S NAME		ζ,			
						SUFFIX
R	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)INITIAL(S)	Sorrix
				57175	POSTAL CODE	COUNTRY
110	MAILING ADDRESS	CITY	, Ch	STATE	POSTAL CODE	000
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12	ADDITIONAL SPACE FOR ITEM 4 (Collateral):		-	0,		
16.				0		
12.						
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		T. S. Survivous	TATEMENT.			
	☑ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	he 14. This FINANCING S	STATEMENT:			is a fixture filing
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	covers timber	o be cut covers	as-extracte		is a fixture filing
13.	REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 10	6 16. Description of real	o be cut covers estate:	as-extracte	d collateral 🔀 is filed a	
13.	REAL ESTATE RECORDS (If applicable)	6 16. Description of real Parcel ID:	o be cut covers estate: 4-15-107-002: 24-	as-extracte	d collateral ⊠ is filed a	4-15-107-005
13.	REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 10	Covers timber 6 16. Description of real Parcel ID: 24-15-107-001; 2 24-15-107-006: 2	estate: 4-15-107-002; 24- 4-15-107-007; 24-	as-extracted 15-107-00 15-107-00		4-15-107-005
13.	REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 10	16. Description of real Parcel ID: 24-15-107-001; 2 24-15-107-006; 2 24-15-107-011; A	estate: 4-15-107-002; 24- 4-15-107-007; 24- ND 24-15-107-012	as-extracted 15-107-00 15-107-00 2	d collateral  is filed a 03; 24-15-107-004; 2 08; 24-15-107-009; 2	4-15-107-005 4-15-107-010
13.	REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 10	covers timber   16. Description of real   Parcel   ID: 24-15-107-001; 2   24-15-107-011;   A   A   A   A   A   A   A   A   A	estate:  4-15-107-002; 24- 4-15-107-007; 24- ND 24-15-107-01;	as-extracted 15-107-00 15-107-00 2	d collateral  is filed and an arrange in the collateral is filed and arrange in the collateral in the collateral is filed and arrange in the collateral in t	4-15-107-005 4-15-107-010 VACATED
13.	REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 10	covers timber   16. Description of real   Parcel ID: 24-15-107-001; 2   24-15-107-011;   A   LOTS 1 TO 12, E   A   E   LOTS 1 TO 12, E   A   LOTS 1 TO 12	estate:  4-15-107-002; 24- 4-15-107-007; 24- ND 24-15-107-01;  OTH INCLUSIVE	as-extracted 15-107-00 15-107-00 2 AND THE	d collateral is filed a  03; 24-15-107-004; 2  08; 24-15-107-009; 2  WEST 1/2 OF THE AID LOTS 1 TO 12	4-15-107-005 4-15-107-010 VACATED N BLOCK 5 I
13.	REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 10	covers timber   16. Description of real   Parcel ID:   24-15-107-001; 2   24-15-107-011;	estate:  4-15-107-002; 24- 4-15-107-007; 24- ND 24-15-107-01; OTH INCLUSIVE AST OF AND ADJI NS, A SUBDIVISI 4 OF SECTION 15	as-extracted 15-107-00 15-107-00 2 AND THE OINING S ON OF TI 5. TOWNS	d collateral	4-15-107-005 4-15-107-010 VACATED N BLOCK 5 I 4 OF THE NGE 13, EAS
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