## **UNOFFICIAL COPY**

## UCC FINANCING STATEMENT

EQUIOW INSTRUCTIONS

OLLOW INSTRUCTIONS	
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@wolter	rskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	15715 - Bank Financial -
CT Lien Solutions	42644876
P.O. Box 29071 Glendale, CA 91209-2071	ILIL
Gleridale, OA 3120000	FIXTURE
File with: Cook, IL	

Doc#: 1409217042 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 04/02/2014 03:15 PM Pg: 1 of 2

DEBTOR'S NAME: Provide only one Ush' a name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blis k, speck here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)    1a. ORGANIZATION'S NAME		THE ABO	VE SPACE IS FO	R FILING OFFICE US	E ONLY
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All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the All Fixtures, whether any or the foregoing is owned now or acquired later, all accessions, additions, replacements, and so as a country of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance), general intangibles and accounts proceeds) for Property located at 1848 N. Winnebago Ave., Chicago, IL 60647 PIN#14-31-309-017-0000

5. Check only if applicable and	check only one box: Collateral is held in	a Trust (see UCC1Ad, item 17 ar	d Instructions)	being administered by a Dec	cedent's Personal Representative
6a. Check only if applicable and				6b. Check only if applicable	and check only one box:
Public-Finance Transa		ction A Debtor is a Trans	mitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATI		Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERE 42644876				(GJ) GORD	ANA JOVANOVIC
				Prepared	by CT Lien Solutions, P.O. Box 29071.

4. COLLATERAL: This financing statement covers the following collateral:

1409217042 Page: 2 of 2

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