

UNOFFICIAL COPY



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Doc#: 1415010002 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough
Cook County Recorder of Deeds

Date: 05/30/2014 09:28 AM Pg: 1 of 2

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@wolterskluwer.com			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 24449 - CITIMORTGAGE, <table border="1"> <tr> <td>CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</td> <td>43426560 ILIL FIXTURE</td> </tr> </table>		CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	43426560 ILIL FIXTURE
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	43426560 ILIL FIXTURE		

File with: Cook, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor 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 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	SCHRADER	JARED		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
1408 CENTRAL ST 3S		EVANSTON	IL	60201-1664
				COUNTRY
				USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (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 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
CITIBANK, N.A.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
1000 Technology Drive		O'Fallon	MO	63365
				COUNTRY
				USA

4. COLLATERAL: This financing statement covers the following collateral:
ALL THAT PARCEL OF LAND IN CITY OF EVANSTON, COOK COUNTY, STATE OF ILLINOIS, AS MORE FULLY DESCRIBED IN DEED DOC # 13919567 ID# 10-12-205-002, BEING KNOWN AND DESIGNATED AS:

THE FOLLOWING DESCRIBED REAL ESTATE, TO WIT:

LOTS 10 AND 11 IN BLOCK 4 IN EVANSTON PARK ADDITION, BEING A SUBDIVISION OF BLOCKS 1,2,3 AND 4 IN THE RESUBDIVISION OF BLOCKS 1,2,3,4,6 AND 7 IN NORTH EVANSTON, BEING IN THE NORTH EAST QUARTER OF THE NORTH HALF OF THE SOUTH EAST QUARTER OF SECTION 12, TOWNSHIP 41 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPTING FROM SAID LOTS 10 AND 11; THE SOUTH 14 FEET CONVEYED TO THE CITY OF EVANSTON FOR STREET AND ALLEY PURPOSES

SUBJECT TO GENERAL TAXES FOR THE YEAR 1946, PARTY WALL RIGHTS AND RESTRICTIONS OF RECORD

BY CO-OPERATIVE STOCK INTEREST FROM MARIE B. LEE, A WIDOW AS SET FORTH IN DOC # 13919567 DATED 10/16/1946 AND RECORDED 10/18/1946, COOK COUNTY RECORDS, STATE OF ILLINOIS.

5. Check <u>only</u> if applicable and check <u>only one</u> box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only one</u> box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only one</u> box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: 43426560 81026 1123420156	

UNOFFICIAL COPY**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME SCHRADER	
FIRST PERSONAL NAME JARED	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

Parcel ID:
10-12-205-002

1408 CENTRAL STREET
EVANSTON, IL 60201
UNIT 3S