## **UCC FINANCING STATEMENT**

FOLLOW 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@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 15715 - Bank Financial -CT Lien Solutions 44203612 P.O. Box 29071 Glendale, CA 91209-9071 ILIL **FIXTURE** 

Doc#; 1421617022 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 08/04/2014 11:29 AM Pg: 1 of 3

DEBTOR'S NAME: Provide only on De lor name (1a or 1 ame will not fit in line 1b, leave all of item 1 trank check here  1a. ORGANIZATION'S NAME	and provide the Individual Debtor information in item	10 of the Financing S	tatement Addendum (Form	UCC1Ad)
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			
KONTOS  MAILING ADDRESS	DEMETRA	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
	CITY	STATE	POSTAL CODE	<u> </u>
40 W. BECKWITH RD.	MORTON GROVE	_	1	COUNTR
EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2t me will not fit in fine 2b, leave all of item 2 blank, check here	b) (use exact ful par of a not amit and the		60053	USA
2a. ORGANIZATION'S NAME	and provide the inclividual Debtor information in item	10 of the Financing St	atement Addendum (Form	UCC1Ad)
	C		· · · · · · · · · · · · · · · · · · ·	
2b. INDIVIDUAL'S SURNAME				
	FIRST PERSON N.ME	1		
	FIRST PERSON N .ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
AILING ADDRESS	——————————————————————————————————————			SUFFIX
AILING ADDRESS	CITY	ADDITION	NAL NAME(S)/INITIAL(S) POSTAL CODE	
	CITY	STATE	POSTAL CODE	
CURED PARTY'S NAME (or NAME of ASSIGNEE of AS	CITY	STATE	POSTAL CODE	
AILING ADDRESS  CURED PARTY'S NAME (or NAME of ASSIGNEE of AS 33. ORGANIZATION'S NAME  BANKFINANCIAL, F.S.B.	CITY	STATE	POSTAL CODE	
CURED PARTY'S NAME (OF NAME OF ASSIGNEE OF AS 33. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B.	CITY  SSIGNOR SECURED PARTY): Provide only one Secure	STATE	POSTAL CODE	
CURED PARTY'S NAME (or NAME of ASSIGNEE of AS	CITY	STATE	POSTAL CODE	COUNTR
CURED PARTY'S NAME (OF NAME OF ASSIGNEE OF AS 38. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B. 36. INDIVIDUAL'S SURNAME	CITY  SSIGNOR SECURED PARTY): Provide only one Secure	STATE	POSTAL CODE	
CURED PARTY'S NAME (OF NAME OF ASSIGNEE OF AS 38. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B. 36. INDIVIDUAL'S SURNAME	CITY  SSIGNOR SECURED PARTY): Provide only one Secure	STATE  STATE  J Party name (3a or 3b)	POSTAL CODE  D)  JAL NAME(S)INITIAL(S)	COUNTR
CURED PARTY'S NAME (OF NAME OF ASSIGNEE OF AS 38. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B. 36. INDIVIDUAL'S SURNAME	SSIGNOR SECURED PARTY): Provide only one Secured First Personal Name	STATE	POSTAL CODE	COUNTR

5. Check only if applicable and check only					The state of the s
5. Check only if applicable and check only 6a. Check only if applicable and check on	- One box.				edent's Personal Representative
Public-Finance Transaction [7. ALTERNATIVE DESIGNATION (if appli	Manufactured-Home Transact cable): Lessee/Lessor	tion A Debtor is a Transr	mitting Utility	6b. Check <u>only</u> if applicable Agricultural Lien	and check only one box:  Non-UCC Filing
8. OPTIONAL FILER REFERENCE DATA 44203612	: 301-1902068468		Seller/Buyer		Licensee/Licensor
FILING OFFICE COPY LICC FINA	ANCING STATE			686 - (GJ) GC	ORDANA JOVANOVIC

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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## UCC FINANCING STATEMENT ADDENDUM

	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here	The state of the blank	J			
	9a. ORGANIZATION'S NAME		7			
)R			7			
<i>5</i> 11	9b. INDIVIDUAL'S SURNAME KONTOS		$\dashv$			
	FIRST PERSONAL NAME DEMETRA					
	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX				
.D	DEBTOR'S NAME: Provide (10a or 10b, or ) one additional Debtor no one tomit, modify, or abbreviate any part of the Jeb or name) and enter	ame or Debtor name that did not fi	THE	ABOVE SPA	CE IS FOR FILING C	FFICE USE OI
	o not omit, modify, or abbreviate any part of the Jebt J's name) and enter	r the mailing address in line 10c	THE ID OF 20	or the Financino	Statement (Form UCC1)	) (use exact, full na
┆	10b. INDIVIDUAL'S SURNAME					
}	INDIVIDUAL'S FIRST PERSONAL NAME					
-	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	0/				
	MAILING ADDRESS	70				SUFFIX
		CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
1	ADDITIONAL SECURED PARTY'S NAME or ASSI	IGNOR SECURED PARTYS	NAME: Provi	de only one no	///	
ĺ			7 1101	de only <u>one</u> nar	ne (11a or 11b)	
╚		`				
1	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME/SVINITIAL (S)	
	1b. INDIVIDUAL'S SURNAME  AILING ADDRESS	FIRST PERSONAL NAME	C		NAL NAME(SYINITIAL(S)	SUFFIX
M	AILING ADDRESS		C	ADDITIC S'ATE	NAL NAME(S)INITIAL(S)  POSTAL CODE	SUFFIX
M			C			
M	AILING ADDRESS		C,		POSTAL CODE	
M	AILING ADDRESS		PC,		POSTAL CODE	
M	AILING ADDRESS		PC,			
,DI	AiLING ADDRESS  DITIONAL SPACE FOR ITEM 4 (Collateral):	CITY	C		POSTAL CODE	
Ti R	DITIONAL SPACE FOR ITEM 4 (Coffateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	the 14. This FINANCING STATE	_	STATE	POSTAL CODE	
TI R	DITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)  e and address of a RECORD OWNER of real estate described in item 1	the 14. This FINANCING STATE  covers timber to be compared to the covers timber to be compared to the covers timber to be covered to the covers timber to be covered to the covers timber to be covered to the covered t	ut Cover		POSTAL CODE	COUNTRY
Ti R	DITIONAL SPACE FOR ITEM 4 (Coffateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	the 14. This FINANCING STATE  covers timber to be compared to the covers timber to be compared to the covers timber to be covered to the covers timber to be covered to the covers timber to be covered to the covered t	ut cover	s as-extracted or	POSTAL CODE	COUNTRY  a fixture filling
Ti R	DITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)  e and address of a RECORD OWNER of real estate described in item 1	the 14. This FINANCING STATE  covers timber to be of the covers timber timber to be of the covers timber to be of the covers timber	4-05-110-00  6 (EXCEPT EST OF THI	s as-extracted of 55-0000; 14-0 THAT PART ELINE IN ED H LINE OF L	POSTAL CODE  Dilateral Sis filed as a sistematic formula for the sistematic for	a fixture filing  ND  5 AND 76  DRAWN T EAST OF

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### **Exhibit for Real Estate**

16. Description of real estate:

Continued

MERIDIAN, IN COOK COUNTY, ILLINOIS.

