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		142531 <u>42</u> 531					
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Doc#: 1	425319	9040 Fee: \$	40.00		
A. NAME & PHONE OF CONTACT AT FILER (optional) Kathy Pearson (801) 747-7161 B. EMAIL CONTACT AT FILER (optional)	298324	RHSP Fee:\$9.00 RPRF Fee: \$1.00 Karen A.Yarbrough Cook County Recorder of Deeds Date: 09/10/2014 09:48 AM Pg: 1 of 2					
kpearson@medallion.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) MEDALLION BANK							
1100 EAST 6600 SOUTH, SUITE 510 SALT LAKE CITY, UT 84121 FILED IN: COOK,IL							
1. DEBTOR'S NAME → Provide only of a Deltor name (1a or 1b) (use exact name will not fit in line 1b, leave all of item 1 bl. nk, c eck here and provide 1a. ORGANIZATION'S NAME	t, full name; do not omit, mod e the Individual Debtor inform	THE ABOVE SPACE ify, or abbreviate any part of the D ation in item 10 of the Financing S	ebtor's nam	e); if any part of the	ndividual Debtor's		
OR 1b. INDIVIDUAL'S SURNAME Jacobs	FIRST PERSON	AL NAME	ADDITION R	NAL NAME(S)/INITIA	L(S) SUFFIX		
1c. MAILING ADDRESS 3756 N Kostner Ave	City Chicago		STATE IL	POSTAL CODE 60641	COUNTRY USA		
2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	st, full ler let do not amit, mod le the ing vidual Debtor inform	ify, or abbreviate any part of the D ation in item 10 of the Financing S	ebtor's nam Statement A	ne); if any part of the ddendum (Form UCC	Individual Debtor's C1Ad)		
OR 25. INDIVIDUAL'S SURNAME	FIRST DE (SUN	AL NAME	ADDITIO	NAL NAME(S)/INITIA	L(S) SUFFIX		
2c. MAILING ADDRESS	CITY	Ý	STATE	POSTAL CODE	COUNTRY		
3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME 3b. DANIEL DANIEL DANIEL	SECURED PARTY): Provide	only <u>one</u> Secured Farth name (3	e e≠3b)~ -				
OR MEDALLION BANK 35. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIA	AL(S) SUFFIX		
3c. MAILING ADDRESS 1100 EAST 6600 SOUTH, STE 510	CITY SALT LAP	(E CITY	STAT É	POSTAL CODE 8+121	USA		
COLLATERAL: This financing statement covers the following collaterat: Detached garage - Fixture Filing				·60			
THE FOLLOWING PROPERTY IS SITUATED L1 B7 GRAYLAND NW1/4 S22 XN10ACNWC PROPERTY ADDRESS: 3756 N KOSTNER A PARCEL ID#: 12-22-119-008-0000	T40N R13E JEF	FERSON TWP	STATE	OF ILLINOI	STOWII: 344 :		
					30		
5. Check <u>only</u> if applicable and check <u>only</u> one box : Collateral isheld in a 1	Trust (see UCC1Ad, item 17 a	nd instructions) being admit	istered by	a Decedent's Persona	at Regire entagive		
6a. Check <u>only</u> if applicable and check <u>only</u> one box : Public-Finance Transaction Manufactured-Home Transaction	ition A Debtor is a Tr		o <u>nly</u> if app gricultural L	licable and check <u>on</u> ien Non-UC			
ALTERNATIVE DESIGNATION (if applicable): Designation (if applicable): Lessee/Lessor OPTIONAL FILER REFERENCE DATA:	Consignee/Consignor	Seller/Buyer	Bailee/B	ailor Lice	inspercicensor (10)		

UCC FINANCING STATEMENT (Form UCC1) (Rev.04/20/11)

1425319040 Page: 2 of 2

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DLLOW INSTRUCTIONS NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank			•		
ecause individual Debtor name did not fit, check here		_			
a. ORGANIZATION'S NAME			•		
		•			
b. INDIVIDUAL'S SURNAME					
Jacobs					
FIRST PERSONAL NAME					
Daniel					
ADDITIONAL NAME(S)/IN' (IAL(S)	SUFFIX				
R		THE ABOVE SPACE	IS FOR FILING OFFICE U	SE ONLY	
DEBTOR'S NAME: Provide (10a or 10° 10 olly one additional Debtor name or De do not omit, modify, or abbreviate any part of trial Pabtor's name) and enter the maili 0a. ORGANIZATION'S NAME	ebtor name that did not fit in line ng address in line 10c	e 1b or 2b of the Financing State	ment (Form UCC1) (use exact, f	ull name;	
DD. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4			SUFFIX	
MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTR	
				USA	
1a. ORGANIZATION'S NAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SVINITIAL(S) SUFFIX			
MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTR	
ADDITIONAL SPACE FOR ITEM 4 (Collateral):		` S	OFFICE		
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING ST. Covers timber to be	cut Covers as-extracted	collateral X is filed as a fixt	ure filing	
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 estat	ee:			
wners: Daniel R Jacobs , THE FOLLOWING PROPERTY IS SITUATED IN COUNTY OF COOK, STATE OF ILLINOIS TO W GRAYLAND NW1/4 S22 XN10ACNWC T40N R13 JEFFERSON TWP PROPERTY ADDRESS: 3756 N KOSTNER AVE					
	IL 60641	12-22-119-008-000	20		