UNOFFICIAL COPY

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) B. E-MAIL CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) | erskluwer.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | —————————————————————————————————————— |
| CT Lien Solutions | 45322514 |
| P.O. Box 29071 Glendale, CA 91219-1071 | ILIL FIXTURE 1 |
| | 11/10/12 |
| File with: Jonk, IL | r 1h) (use exact, full name; do not om |



Doc#: 1429539039 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds Date: 10/22/2014 01:45 PM Pg: 1 of 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| File with: CONK, IL BTOR'S NAME: Provide only one Delay name (1a or 1b) (us we will not fit in line 1b, leave all of item 1 brank creek here | and provide the Individual Decision International | | |
|--|---|--|----------------------|
| a ORGANIZATION'S NAME | | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| MOM Properties, Inc. ib. Individual's surname | FIRST PERSONAL NAME | STATE POSTAL CODE | COUNTRY |
| | CITY | 0 | USA |
| IAILING ADDRESS 15 W, Chicago Ave. EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (| Chicago |). if any part of | the Individual Debto |
| 5 W, Chicago Ave. EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (me will not fit in line 2b, leave all of item 2 blank, check here | to not omit, modify, or abbreviat | e any part of the Debtor's Hamely | orm UCC1Ad) |
| 5 VV, Chicago VV S. Provide only one Debtor name (2a or 2b) (| use exact, full fair 3, up not be the information in item | 10 of the Financing Statement Addention | |
| BTOR'S NAME: Provide only 500 | and provide he maividual bester the | | |
| me will not fit in line 25, load | | | |
| 2a. ORGANIZATION'S NAME | | ADDITIONAL NAME(S)/INITIAL(S |) SUFFIX |
| | FIRST PERSO JAL NAME | ADDITIONALIVA | Ţ |
| | FIRST LOS | | COUNTRY |
| | | | CODMIN |
| 2b. INDIVIDUAL'S SURNAME | 46 | STATE POSTAL CODE | I |
| 2b. INDIVIDUAL'S SURNAME | CITY | STATE POSTAL CODE | 1 |
| | | \ | |
| | | \ | |
| 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS | | \ | |
| - independent | | \ | |
| MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of A | | a _k _{9d} Party name (3a or 3b) | (5) TSUFFIX |
| MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE | SSIGNOR SECURED PARTY): Provide only one Sec | \ | (S) SUFFIX |
| MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of A: [3a. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B. | | a _k _{9d} Party name (3a or 3b) | (S) SUFFIX |
| MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of A: [3a. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B. | SSIGNOR SECURED PARTY): Provide only one Sec | a) ed Party name (3a or 3b) ADDITIONAL NAME(SVINITIAL | (S) SUFFIX |
| MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSI | SSIGNOR SECURED PARTY): Provide only one sec | a _k _{9d} Party name (3a or 3b) | COUNTR |
| MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSI | SSIGNOR SECURED PARTY): Provide only one Sec | a) ed Party name (3a or 3b) ADDITIONAL NAME(SVINITIAL | .(0) |

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

All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing (including insurance, general intangibles foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing; all records of any kind relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing. N. Damen Ave., Chicago, IL 60622 and 16. N. Damen Ave., Chicago, IL 60622.

| 0_ | American . |
|----|----------------|
| P. | 3 |
| S | H |
| | H |
| | 5 1 |
| | - I |
| | P . S. |

| 27 and Instructions | being administered by a Decedent's Personal Representative |
|--|--|
| Check <u>only</u> if applicable and check <u>only</u> one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions) a. Check <u>only</u> if applicable and check <u>only</u> one box: | 102000F |
| Public-Finance Transaction Manufactureu-Fioline Hadden Consignee/Consignor Seller/Bit Al TERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bit Al TERNATIVE DESIGNATION (if applicable): | uyer Bailee/Bailor Licensee/Licensos |
| 3. OPTIONAL FILER REFERENCE DATA: 311/1902069896 45322514 | Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282 |
| TEMENT (Form UCC1) (Rev. 04/20/11) | and the second s |

1429539039 Page: 2 of 3

UNOFFICIAL COPY

| ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement ause Individual Debtor name did not fit, check here | t; if line 10 was left black | | | | | |
|--|------------------------------|---------------------|---|----------------|----------------------------------|-----------------------|
| ia. ORGANIZATION'S NAME | | l l | | | | |
| MOM Properties, Inc. | | | | | | |
| | | 1 | | | | |
| 9b. INDIVIDUAL'S SURNAME | | | | | | |
| gb. INDIVIDUALS SURVIVIE | | | | | | |
| FIRST PERSONAL NAME | | 1 | | | | |
| | т | UFFIX | | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | ļ | 1 | THE ABOVE S | PACE I | S FOR FILING OFFI | CE USE ONLY |
| DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor of | ame or Debtor name tha | at did not fit in I | ine 1b or 2b of the Fina | ncing Stat | ement (Form UCC1) (use | e exact, full name; |
| DEBTOR'S NAME: Provide (10a or 10b) only rie additional Debtor in one on one only modify, or abbreviate any part of the Debtor's name) and enter | r the mailing address in | ine 10c | | | | |
| o not omit, modify, or abbreviate any part of the Bot of China Pierre Total ORGANIZATION'S NAME | | | | | | |
| TUAL UNGANIZATION OF THE TOTAL | | | | | | |
| 10b. INDIVIDUAL'S SURNAME | | | | | | |
| | | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | 901 | | | | | SUFFIX |
| INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) | | | | | | 100.11 |
| INDIVIDUAL'S ADDITIONAL NAME (C) | ' C | | | STATE | POSTAL CODE | COUNTRY |
| IC. MAILING ADDRESS | CITY | \sim | | | | |
| | | | Desido colv | one nam | e (11a or 11b) | |
| ADDITIONAL SECURED PARTY'S NAME U A | SSIGNOR SECURE | DESCRIPTION | NAME: Plovide only | <u>9710</u> 11 | | |
| 11a. ORGANIZATION'S NAME | | | | | | |
| | FIRST PERSO | ONAL NAME | | ADDITIO | NAL NAME(S)INITIAL(S) | SUFFIX |
| 11b. INDIVIDUAL'S SURNAME | | | <u> </u> | <u> </u> | POSTAL CODE | COUNTRY |
| ITC. MAILING ADDRESS | CITY | | 0 | STATE | POSTAL CODE | |
| 11c. MAILING ADDRESS | | | | <u> </u> | <u> </u> | |
| 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | 4 | 3 | | |
| 2. ADDITIONAL SPACE : ON The State of the St | | | | | | |
| | | | | · · | | |
| | | | | | | |
| | | | | | Co | |
| | | | | | C | |
| | | | | | | |
| 13. This FINANCING STATEMENT is to be filed [for record] (or record) | orded) in the 14. This F | INANCING ST | TATEMENT: | a avtracte | d collateral 🔲 is filed | l as a fixture filing |
| REAL ESTATE RECORDS (III SPENIS | | | | 3-6/11 0010 | | |
| 15. Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest): | | 16 | | | | |
| | PARCI | PARCEL 1: | | | | |
| | \ ` | | EET OF LOT 4 AN | ID THE | NORTH 8 FEET OF | LOT 5 IN THE |
| | SUBD | IVISION OF | THE SOUTH 1/2 | OF DEC | TOWNSHID30 NO | RTH, RANGE 1 |
| | OF TH | IE SOUTHV | WEST 1/4 OF SEC HIRD PRINCIPAL I | MERIDI. | TOWNSHIP39 NO AN, IN COOK COU | NTY, ILLINOIS |
| | | AL 111F (1 | | | | |
| | l l | | 004.0000 | | | |
| | P.I.N. | 17-06-323 | OWN AS: 916 N. I | DAMEN | AVE., CHICAGO, I | L 60622 |
| | P.I.N. | 17-06-323 | -034-0000 OWN AS: 916 N. I r Real Estate] | | AVE., CHICAGO, I | L 60622 |

1429539039 Page: 3 of 3

UNOFFICIAL COPY

Exhibit for Real Estate

16. Description of real estate:

Continued

PARCEL 2:

LOT 4 IN THE SUBDIVISION OF THE NORTH 1/2 OF BLOCK 8 IN SUFFERN'S SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 6, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 17-06-211-041-0000

COMMONLY (YOUWN AS: 1050 N. DAMEN AVE., CHICAGO, IL 60622

PARCEL 3:

LOT 33 IN BLOCK 3.1N JCREYNOLD'S SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 17-06-205-009-0000

COOK COUNTY CLOSER'S OFFICE COMMONLY KNOWN AS: 1511 N, WOOD ST., CHICAGO, IL 60622