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	Doc#: 1434218025 Fee: \$40.00				
athy Pearson (001) 141 10	Karen	ee:\$9.00 Hr A.Yarbrough	025 Fee: \$400 RF Fee: \$1.00 der of Deeds 9:38 AM Pg: 1.0		
IAIL CONTACT AT FILER (optional) pearson@medallion.com IND ACKNOWLEDGMENT TO: (Name and Address)					
•					
MEDALLION BANK 1100 EAST 0690 SOUTH, SUITE 510					
SALT LAKE CLTY, UT 84121					
FILED IN: COOK,IL	THE ABOVE S	PACE IS FOR	FILING OFFICE USE	ONLY	
EBTOR'S NAME - Provide only one Captor name (1a or 1b) (use exact, fu		t of the Debtor's Di	ame); if any part of the Inc	dividual Debtor's	
EBTOR'S NAME - Provide only <u>one Paper name</u> (1a or 1b) (use exact, fu ame will not fit in line 1b, leave all of item 1 b' ank, aheck here 🔲 and provide th	ne Individual Debtor information in item 10 of the Fi	nancing Statement	Addendum (Form UCC1	Ad)	
ame will not it in the 10, NOVO and and a CREANIZATION'S NAME					
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI A	ONAL NAME(S)/INITIAL	(S) SUFFIA	
Romero	Carlos	STATE		COUNTRY	
MAILING ADDRESS	Chicago		60651		
1001 N Long Ave DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact,	for name; do not omit, modify, or abbreviate any pro-	art of the Debtor's f inancing Statemer	name), if any part of the fi nt Addendum (Form UCC	1Ad)	
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 12a. ORGANIZATION'S NAME	the Individual Debtor Information III term to or the v				
22. 01034124110.10	0,	TADDIT	TIONAL NAME(S)/INITIA	(S) SUFFIX	
2b. INDIVIDUAL'S SURNAME	FIRST CERSONAL NAME	,,,,,,,			
	CITY	STAT	E POSTAL CODE	COUNTRY	
MAILING ADDRESS				USA	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	SECURED PARTY: Provide only one Secure To	y name (3a or 3b)			
3a. ORGANIZATION'S NAME					
MEDALLION BANK	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITI/	AL(S) SUFFIX	
3b. INDIVIDUAL'S SURNAME			TE TPOSTAL CODE	COUNTRY	
MAILING ADDRESS	CITY		DC.		
100 EAST 6600 SOUTH, STE 510	SALT LAKE CITY	UT	JP4121	USA	
COLLATERAL: This financing statement covers the following collateral:			9		
Civiliza Eiling				IC TO MIT	
THE FOLLOWING PROPERTY IS SITUATED HOGENSON ADD 01 LOT 54 SEC 04 T39 R PARCEL ID#: 16-04-312-018-0000	D IN CHICAGO, COUNTY OF 13 PROPERTY ADDRESS: 10	COOK, STA 101 N LONG	ATE OF ILLINO BAVE, CHICAC	30, IL 60651	
	Trust (see UCC1Ad, item 17 and instructions)		ed by a Decedent's Perso		
5. Check only if applicable and check only	Husi (see 500 mar, not 1 to and market	6b. Check only	if applicable and check of	only one pax:	
6a. Cneck only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transa		F-7 -		JCC Filing	
	Consignee/Consignor Seller/Buyer	Ш Р			

1434218025 Page: 2 of 2

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OW INSTRUCTIONS ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem	ient; if line 1b was left blank					
cause individual Debtor name did not fit, check here						
ORGANIZATION'S NAME		}				
		•				
		1				
o. INDIVIDUAL'S SURNAME						
Romero		1				
FIRST PERSONAL NAME						
Carlos	SUFFIX	4				
ADDITIONAL NAME(S)/IN FIAL S)	SUFFIX	THE ABOVE SPACE IS FOR FI	LING OFFICE USE ONLY			
		The Above of the Emancing Statement (Form!	JCC1) (use exact, full name:			
A DEBTOR'S NAME: Provide (10a o 10c, only one additional Debtor	name or Debtor name that did not fit in iir rer the mailing address in line 10c	ie to di 20 di die i ilianome				
do not omit, modily, or abbreviate any						
10a. ÖRĞANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
TOD. THE TOTAL TOTAL						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL			SUFFIX			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	- 0 Z	-				
INDIVIDUAL 3 ADDITION CO. T.	τ_{\circ}	DOC.	TAL CODE COUNTRY			
- 1000000	C TY	STATE POS	Į.			
. MAILING ADDRESS			JUSA			
	SNOR SECURED PARTY'S NAME: F	Provide only one name (11a or 11b)				
ADDITIONAL SECONDS	INUR SECURED FAIR					
118. ORGANIZATION'S NAME						
	FIRST PERSONAL NAMI	ADDITIONAL N	IAME(S)/INITIAL(S) SUFFIX			
11b. INDIVIDUAL'S SURNAME	FIRST: Endown	C '/				
	617/	STATE POS	STAL CODE COUNTRY			
c. MAILING ADDRESS	ČITÝ	~/				
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<u></u>	0.				
		Opp				
		/x				
			0			
			<u></u>			
The second to	recorded) in 14. This FINANCING	STATEMENT:				
13. FEET This FINANCING STATEMENT is to be filed [for record] (or	covers timber t	to be cut covers as-extracted collateral	X is filed as a fixture filing			
X	ed in item 16 16. Description of real					
This FINANCING STATEMENT is to be filed [for record] (or the REAL ESTATE RECORDS (if applicable)		THE DECRETE IS SIT	HATED IN CHICAGO			
the REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):		WAING BRUSER LEID OFF	THE FOLLOWING PROPERTY IS SITUATED IN CHICAG COUNTY OF COOK, STATE OF ILLINOIS TO WIT:			
 Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest): 	THE FOLL	OWING PROPERTY IS SIT DE COOK, STATE OF ILLIN	IOIS TO WIT:			
AF OWNER of real estate describe	THE FOLL COUNTY (OF COOK, STATE OF ILLIN	T39 R13 PROPERT			
 Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest): 	THE FOLL COUNTY (HOGENSO	OF COOK, STATE OF ILLIN ON ADD 01 LOT 54 SEC 04 I: 1001 N LONG AVE, CHIC	T39 R13 PROPERT			
 Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest): 	THE FOLL COUNTY (HOGENSO	OWING PROPERTY IS 311 DF COOK, STATE OF ILLIN DN ADD 01 LOT 54 SEC 04 I: 1001 N LONG AVE, CHIC D#: 16-04-312-018-0000	T39 R13 PROPERT			
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