UNOFFICIAL COPY

JCC FINANCING STATEMENT OLLOW INSTRUCTIONS		1435313 0 45			
A. NAME & PHONE OF CONTACT AT FILER (optional)	Doc#:	1435313045	Fee: \$40.0	0	
	8119 HHSP F	HHSP Fee:\$9.00 RPRF Fee: \$1.00			
E. EMAIL CONTACT AT FILER (optional)		Yarbrough			
kpearson@medallion.com	Date: 12	ounty Recorder o /19/2014 11:30 /	t Deeds		
S SEND ACKNOWLEDGMENT TO: (Name and Address)		713/2014 17.30 }	AW Pg: 1012		
NATED ALL LOND BANK	1				
MEDALLION BANK					
1100 EAST 6600 SOUTH, SUITE 510					
SALT LAKE CITY, UT 84121					
FILED IN: COOK,IL					
	THE ABOV	E SPACE IS FOR F	ILING OFFICE US	E ONLY	
. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full in	name; do not omit, modify, or abbreviate an	part of the Debtor's nar	ne): if any part of the	ndividual Debtor's	
name will not fit in line 1b, leave all of item a blar a check here and provide the	Individual Debtor information in item 10 of th	e Financing Statement A	Addendum (Form UCC	:1Ad}	
1a. ORGANIZATION'S NAME					
R	FIRST PERSONAL NAME	TADDITIO	NAL NAME(S)/INITIA	L(S) SUFFIX	
10. INDIVIDUAL'S SURNAME Perez	Eugene	J	, ,		
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
7023 W 73rd Place 🗸	Chicago	1∟	60638	USA	
MAILING ADDRESS	SiTY	STATE	POSTAL CÓDE	COUNTRY	
				USA _	
SECURED PARTY'S NAME for NAME of ASSIGNEE of ASSIGNOR SECURE. 3a. ORGANIZATION'S NAME	GRED PARTY; Provide only one Sect. 30	a V Gelffe +34 or -xil =			
MEDALLION BANK	LEIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITI/	AL(S) SUFFIX	
3b. INDIVIDUAL'S SURNAME	111011210010121	0,			
	CITY	S. ATE	POSTAL CODE	COUNTRY	
BC. MAILING ADDRESS			Sc		
100 EAST 6600 SOUTH, STE 510	SALT LAKE CITY	UT	84121	USA	
. COLLATERAL: This financing statement covers the following collateral:			6		
frame detached garage - Fixture Filing			C		
	LALUANCA COUNTY OF	COOK STAT		IS TO WIT:	
THE FOLLOWING PROPERTY IS SITUATED IN LOT 250 FRANK DELUGACHS 71ST ST HIGHL	I CHICAGO, COUNTY OF ANDS W1/2 NW1/4 S30 T	38N R13E ST	ICKNEY TWE	PROPERT	
ADDRESS: PARCEL ID#:19-30-111-006-0000	ANDO WITZ TWO II - GOO I	,			
ADDITEGO. I AROLL IS TO GO THE GOOD STORE					
 Check <u>only</u> if applicable and check <u>only</u> one box : Collateral isheld in a Trust. 	(see UCC1Ao. item 17 and Instructions)	being administered by			
ба. Спеск <u>оліу</u> іf applicable and check <u>only</u> one box :		6b. Check only if an		լլ <u>y</u> one box։ CC Filing	
Public-F:nance Transaction Manufactured-Horne Transaction	A Debtor is a Transmitting Utility	Agricultural			
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/Buye	Bailee	rBallor Lic	ensee/Licensor	

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

8. OPTIONAL FILER REFERENCE DATA:

1435313045 Page: 2 of 2

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NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State	ement; if line 1p was left blank	1			
because individual Debtor name did not fit, check here		4			
9a. ORGANIZATION'S NAME					
	L	1			
9b. INDIVIDUA'.'S SURNAME		1			
Perez					
FIRST PERSONAL NAME		1			
Eugene					
ADDITIONAL NAME(5)/INITIAL(S)	SUFFIX	1			
		THE ABOVE	SPACE IS F	OR FILING OFFI	CE USE ONLY
DEBTOR'S NAME: Provide (10a r. 10.) only one additional Debtor	name or Behtor name that did not fit in its	<u> </u>			
do not omit, modify, or abbreviate any part of the Debtor's name) and en	ter the mailing address in line 10c	e is of Es of the finance	····g distance	(, v.i v + -) (
10a. ORGANIZATION'S NAME					
100. INDIVIDUAL'S SURNAME					
	\				
INDÍVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	OZ				SUFFIX
	$\mathcal{T}_{\mathcal{O}}$				
: MAILING ADDRESS	C (Y		STATE	POSTAL CODE	COUNT
	0.				USA
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	NOR SECURED PARTY'S NAME: Pr	ovide only <u>one</u> name (11	a or 11b)		
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11a ORGANIZATION'S NAME	NOR SECURED PARTY'S N. ME: Pr	ovide only <u>one</u> name (11		NAL NAME(S)/INITIA	L(S) SUFFIX
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T1a. ORGANIZATION'S NAME T1b. INDIVIDUAL'S SURNAME : MAILING ADDRESS : ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PERSONAL NAME	Con	ADDITION	POSTAL CODE	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME . MAILING ADDRESS	FIRST PERSONAL NAME	TATEMENT:	ADDITION	POSTAL CODE	
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