UNOFFICIAL COPY Doc#: 1519112067 Fee: \$44.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00 UCC FINANCING STATEMENT Karen A. Yarbrough **FOLLOW INSTRUCTIONS** Cook County Recorder of Deeds A. NAME & PHONE OF CONTACT AT FILER (optional) Date: 07/10/2015 02:02 PM Pg: 1 of 4 Jessica A. Weaver (219)362-7511 B. E-MAIL CONTACT AT FILER (optional) jweaver@thelpsb.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) The LaPorte Savings Bank Attn: Consumeri Commercial 710 Indiana Avenge La Porte, IN 46350 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Dect r name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, Leck here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME CCP Fairfield, LLC 1b. INDIVIDUAL'S SURNAME IRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS POSTAL CODE COUNTRY 3545 N Pulaski Chicago 60641 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full use of the not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS POSTAL CODE STATE COUNTRY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME The LaPorte Savings Bank 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 3c MAILING ADDRESS POSTAL CODE COUNTRY 710 Indiana Avenue La Porte IN 46350 USA 4. COLLATERAL: This financing statement covers the following collateral: All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas and other minerals before extraction; all oil, gas, other minerals and accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled goods relating to the foregoing property, and all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property.

| 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) | being administered by a Decedent's Personal Representative |
|--|--|
| | 6b. Check only if applicable and check only one box: |
| Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility | Agricultural Lien Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy | er Bailee/Bailor Licensee/Licensor |
| 8. OPTIONAL FILER REFERENCE DATA: | |

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| UCC FINANCING STATEMENT ADDENDLE FOLLOW INSTRUCTIONS | JM | | | |
|---|--|---|---|---|
| NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here | ent; if line 1b was left blank | 1 | | |
| 9a. ORGANIZATION'S NAME | | 4 | | |
| CCP Fairfield, LLC | | | | |
| | | | | |
| 96. INDIVIDUAL'S SURNAME | | 1 | | |
| FIRST PERSONAL NAME | | 1 | | |
| ADDITIONAL NAME(S)/INITIAI (,) | SUFFIX | 1 | | |
| CV _A | | THE ABOVE S | PACE IS FOR FILING OF | FICE USE ONLY |
| 10. DEBTOR'S NAME: Provide (10a or 10b) only on additional Debtor na | me or Debtor name that did not fit i | n line 1b or 2b of the Fin | encing Statement (Form UCC | (1) (use exact, full name; |
| do not omit, modify, or abbreviate any part of the Dr ~ s name) and enter 10a. ORGANIZATION'S NAME | the mailing address in line 10c | | *** | |
| IOB. ORGANIZATION'S NAME | | | | |
| OR 10b. INDIVIDUAL'S SURNAME | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | 0/ | ** | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | 70 | | | SUFFIX |
| 10c. MAILING ADDRESS | CITY | s | STATE POSTAL CODE | COUNTRY |
| | | | | |
| 11. ADDITIONAL SECURED PARTY'S NAME or ASS | IGNOR SECURED PARTY | 6 NAME: Provide onl | y <u>one</u> name (11a or 11b) | |
| 11a. ORGANIZATION'S NAME | | | | |
| OR 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | | DDITIONAL NAME(\$)/INITIA | L(S) SUFFIX |
| | | | | |
| 11c. MAILING ADDRESS | CITY | S | TATE POSTAL CODE | COUNTRY |
| 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | S | <u> </u> |
| | | | Office | |
| 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in | the 14. This FINANCING STATE | MENT | · · · · · · · · · · · · · · · · · · · | · |
| REAL ESTATE RECORDS (if applicable) | X covers timber to be | = | racted collateral X is file | ed as a fixture filing |
| 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): | PARCEL 1: LOTS 29, 30, 3 SUBDIVISION O SOUTHEAST 1/ | 1, 32 AND 33 F THE WEST 4 OF SECTIO ST OF THE TH | 3 IN BLOCK 4 IN 1/2 OF THE WES N 24, TOWNSH HIRD PRINCIPAL | N MCMAHON'S ST 1/2 OF THE IP 39 NORTH |
| | LOT 28) AND LO | TS 25 AND 26 | E NORTH 9 FEET (EXCEPT THERE IN BLOCK 4 IN | OF PORTIONS |

17. MISCELLANEOUS:

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| | ME OF FIRST DEBTOR: Same as line 1a or 1b on Fi ause Individual Debtor name did not fit, check here | inancing Statement; if I | ine 15 was left blank | | | |
|---|---|--------------------------|--|---|--|-----------------------------------|
| 94 | ORGANIZATION'S NAME | | | | | |
| | CCP Fairfield, LLC | | | | | |
| | | | | | | |
| , | | | | | | |
| 91 | D. INDIVIDUAL'S SURNAME | | | | | |
| L | | | | | | |
| İ | FIRST PERSONAL NAME | | | | | |
| \vdash | ADDITIONAL NAME(S)/INITIAL(C) | | SUFFIX | | | |
| | y solution to the transfer in | | | THE ABOVE SPACE | IS FOR FILING OFFICE | LISE ONLY |
| | EBTOR'S NAME: Provide (10a or 10b) only ne addi | tional Debtor name or | Debtor name that did not fit in | | | |
| | o not omit, modify, or abbreviate any part of the Drutor's r | | | • | | |
| 10 | Da. ORGANIZATION'S NAME | 7 | • | · · · · · · · · · · · · · · · · · · · | | |
| | | 175 | | | | |
| 10 | Db. INDIVIDUAL'S SURNAME | | | | | |
| | | | | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
| _ | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | / | | | SUFFIX |
| | INDIVIDUAL & ADDITIONAL MANIE (S)/MITTAL(S) | | | | | 00.7 % |
| . N | MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | 0, | | | |
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| 7 | ADDITIONAL SECURED PARTY'S NAME of | or ASSIGNO | DR SECURED PARTY | S NAME: Provide only one r | ame (11a or 11b) | |
| _ | ADDITIONAL SECURED PARTY'S NAME OF ORGANIZATION'S NAME | ar Assigno | DR SECURED PARTY | S NAME: Provide only one r | ame (11a or 11b) | |
| 1 | a. ORGANIZATION'S NAME | or ☐ ASSIGNO | 3 | | | |
| 1 | | or ☐ ASSIGNO | DR SECURED PARTY | | ame (11a or 11b) DNAL NAME(S)/INITIAL(S) | SUFFIX |
| 1 | Ia. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME | or ☐ ASSIGNO | FIRST PERSONAL NAME | ADDITIO | DNAL NAME(S)/INITIAL(S) | |
| 1 | a. ORGANIZATION'S NAME | a ∏ ASSIGNO | 3 | | | SUFFIX |
| 1 1 | Ia. ORGANIZATION'S NAME Ib. INDIVIDUAL'S SURNAME MAILING ADDRESS | or ☐ ASSIGNO | FIRST PERSONAL NAME | ADDITIO | DNAL NAME(S)/INITIAL(S) | |
| 1 1 N | a. ORGANIZATION'S NAME | or ☐ ASSIGNO | FIRST PERSONAL NAME | ADDITIO | DNAL NAME(S)/INITIAL(S) | |
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| 1 1 AL | Ia. ORGANIZATION'S NAME Ib. INDIVIDUAL'S SURNAME MAILING ADDRESS DDITIONAL SPACE FOR ITEM 4 (Collateral): | | FIRST PERSONAL NAME | ADDITION | POSTAL CODE | |
| 1 1 AL | Ia. ORGANIZATION'S NAME Ib. INDIVIDUAL'S SURNAME MAILING ADDRESS | | FIRST PERSONAL NAME CITY 14. This FINANCING STATE | ADDITION STATE | POSTAL CODE | COUNTRY |
| AL AL | This FINANCING STATEMENT is to be filed (for record REAL ESTATE RECORDS (if applicable) | d] (or recorded) in the | FIRST PERSONAL NAME CITY 14. This FINANCING STATE X covers timber to be | ADDITION STATE STATE MENT: Cut X covers as-extracted | POSTAL CODE | COUNTRY |
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EXHIBIT "A"

Order No.:

15011938WF

1840-1854 S. FAIRFIRLD Chrosell 60641

For APN/Parcel ID(s): 16-24-407-034, 16-24-407-035, 16-24-407-036, 16-24-407-037, 16-24-407-038

and 16-24-407-047

PARCEL 1:

LOTS 29, 30, 31, 32 AND 33 IN BLOCK 4 IN MCMAHON'S SUBDIVISION OF THE WEST 1/2 OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 24, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

LOTS 25, 26, 27 AND 28 (EXCEPT THEREOF PORTIONS TAKEN FOR THE STREET) IN BLOCK 4 IN MC MAHON'S SUBDIVISION OF THE WEST 1/2 OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 24, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.