## **UNOFFICIAL COPY**

ı	ICC	: F	IN	ΔN	SC	IN	G	ST	Δ	TEI	WE	:NT
u	,	, ,	314	~1	•		J	$\mathbf{u}$	_		** -	

١	$\sim$ 1	1	$\cap$	A١	INIC	STR	HC	TIC	MIC

A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional)  SPRFiling@cscinfo.com	•				
00					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u></u> -				
Corporation Service Company 801 Adlai Stevenson Dive	ı				
Springfield, IL 62703	Filed In: Illinois (Cook)				



Doc#: 1609544067 Fee: \$40.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 04/04/2016 02:57 PM Pg: 1 of 2

			ILINO OF FIVE GOE	JINLI	
<ol> <li>DEBTOR'S NAME: Provide only to Petro name (1a or 1b) (use ex name will not fit in line 1b, leave all of item to a k, check here and</li> </ol>					
1a. ORGANIZATION'S NAME Cronin Enterprises, L.L.C.					
15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	ADDITIONAL NAME(S)/INITIAL(S)		
1c. MAILING ADDRESS 7900 W. Madison	River Forest		OSTAL CODE 60305	COUNTRY	
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex name will not fit in line 2b, leave all of item 2 blank, check here and</li> </ol>	ac., u', na ne; do not omit, modify, or abbreviate provice ".e" idividual Debtor information in item				
2a. ORGANIZATION'S NAME	10				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE PO	OSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	R SECURED PARTY): Provide only one Security	Party name (3a or 3b)		_ 1	
3a. ORGANIZATION'S NAME Forest Park National Bank		/			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	APDITIONAL	NAME(S)/INITIAL(S)	SUFFIX	
3c, MAILING ADDRESS PO Box 106	CITY Forest Park	1 / 71	OSTAL CODE 19130-0106	COUNTRY	
COLLATERAL: This financing statement covers the following collateral:     ALL FIXTURES hereafter acquired, whether no		and wherever lo	oczięli		

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
6a. Check only if applicable and check only one box:	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/Bu	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	444000

114139370

1609544067 Page: 2 of 2

## **UNOFFICIAL COPY**

ALTA Commitment (6/18/0 / IL v. 2006)

First American Title Insurance Company

Commitment No. FA-16-0086

## **EXHIBIT A**

PARCEL 1: THE SOUTH 100 FEET OF LOT 21 IN SAMUEL WATT'S SR. SUBDIVISION OF THE EAST HALF OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 12, TOWNSHIP 39 NOTTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE EAST 50 FEET THEREOF AND EXCEPT THE RIGHT OF WAY OF THE CHICAGO AND WISCONSIN RAILWAY), IN COOK COUNTY, ILLINOIS.

PARCEL 2: LOT 6 IN BLOCK S IN GALE AND BLOCK'S SUBDIVISION OF THE WEST HALF OF THE WEST HALF OF THE SOUTHWEST CUARTER OF SECTION 12, TOWNSHIP 39 NORTH, RANGE 12, A DIAN.

Out Control

Office EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PINS: 15-12-319-011 & 15-12-319-021

First American Title Insurance Company By: O'Connor Title Guaranty, Inc. 162 W. Hubbard Street Chicago, IL 60654 312.527.4700

Email: packages@oconnortitle.com