FIDELITY NATIONAL HILLNOFFICIAL COPY SCI 6018131

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) MICHAEL JASSO (312) 603-1000 B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) COOK COUNTY BURE 19 OF ECONOMIC DEVELOPMENT 69 WEST V'ASHINGTON, SUITE 2900 CHICAGO, ILL INOIS 60602

Doc#: 1619049002 Fee: \$40.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 07/08/2016 09:16 AM Pg: 1 of 2



Doc#: 1619649007 Fee: \$40.00 Karen A. Yarbrough

Cook County Recorder of Deeds Date: 07/14/2016 08:58 AM Pg: 1 of 2

L 70-	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
DEBTOR'S NAME: Provide any or _ Debtor name (1a or 1b) (use exaname will not fit in line 1b, leave all or item in blank, check here and p	sct, full name; do not omit, modify, or abbreviate a provide the Individual Debtor information in item 1	any part of the Debtor's name); if any part of the Inc 10 of the Financing Statement Addendum (Form UC	dividual Debtor' (C1Ad)
1a. ORGANIZATION'S NAME Kenneth Young Center, ar. Illinois not-	for-profit corporation		<u></u>
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFF	
IC MAILING ADDRESS 1001 Rowling Road	CITY Elk Grove	STATE POSTAL CODE 1L 60007	COUNTRY
2 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex-	est, full name; do not omit, modify, or abbreviate a	any part of the Debtor's name); if any part of the In 10 of the Financing Statement Addendum (Form UC	dividual Debtor CC1Ad)
name will not fit in line 2b, leave all of item 2 blank, check here and	, to de the maintain = ==		
2a. ORGANIZATION'S NAME			
2a. ORGANIZATION'S NAME	FIRE T PF REONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
28. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME	FIRE T PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE	SUFFIX
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	CITY DR SECURED PARTY): Provide only one sec re-	STATE POSTAL CODE and Party name (3a or 3b)	COUNTRY
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	CITY DR SECURED PARTY): Provide only one sec re-	STATE POSTAL CODE ad Party name (3a or 3b)	

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

* rerecording for the sole purpose of putting the documents in the proper chain of title

Solution to the anticopte 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
Check only if applicable and check only one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and insurctions) Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	6b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bu	yer Bailee/Bailor Licensee/Licensor
B. OPTIONAL FILER REFERENCE DATA:	at Association of Commercial Administrators (IACA)

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EXHIBIT A

LEGAL DESCRIPTION:

LOTS 1 AND 2 IN BLOCK 15 IN TOWN OF DUNTON, (NOW ARLINGTON HEIGHTS), IN THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 29, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBERS:

03-29-325-004-0000

03-29-325-005-0000

03-29-325-006-0000

EET AL
OF COOK COUNTY CLOPE'S OFFICE COMMON STREET ADDRESS: 212-220 N. Dunton Avenue, Arlington Heights, Illinois

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