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				11 1000 ARK 1111 1000 ARK 1111 100		
UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS		HHSF	f; 16 Fee:\$9 A.Yarb	19634074 Fee: \$00 RPRF Fee: \$1.00	42 .00	
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	1	Cook	County	Recorder of Deeds 016 02:04 PM Pg: 1	of 3	
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com	* ***					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
118671861 - 396790	_					
Corporation Service Company 801 Adlai Stevensor Drive	l i					
0 1 5 11 11 00700	iled In: Illinois					
	(Cook)	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY	
1. DEBTOR'S NAME: Provide only In Jehtor 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 In	dividual Debtor's	
name will not fit in line 1b, leave all of item , biz k, check here and provi	ide the Individual Debto	or information in item 10 of the Fi	inancing St	atement Addendum (Form UC	CC1Ad)	
OR						
1b. INDIVIDUAL'S SURNAME Morgan	FIRST PERSONA Kelly	FIRST PERSONAL NAME Kelly		NAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 10112 S Tripp Ave	сіту Oak Lawn		STATE	POSTAL CODE 60453	COUNTRY	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact,			the Debtor	I 's name); if any part of the Inc		
name will not fit in line 2b, leave all of item 2 blank, check here and provi	The Individual Debit	or information in item 10 of the Fi	manding St	atement Addendum (Form UC	JC1Ad)	
27						
2b. INDIVIDUAL'S SURNAME Morgan	FIRST PERSUNA Frederic'.	LNAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
2c. MAILING ADDRESS 10112 S Tripp Ave	CITY Oak Lawn	7/2	STATE	POSTAL CODE 60453	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE		vide only on. Secured Party page		<u> </u>		
3a. ORGANIZATION'S NAME MICTOF	- OCK (2017) (11)	O.	10 (00 01 01			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	ERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
			0			
3c. MAILING ADDRESS P.O. BOX 70085	Albany		GA	3 1707	USA	
4. COLLATERAL: This financing statement covers the following collateral: All of the Debtor's right, title and interest, now exist	_	_			=	
certain Lease No. 42675 between Debtor as Lesso						
other claims and rights to payment and chattel pay relating to the foregoing, and (iv) any other proper						
of	ty or rights to t	WHICH the Lessee ma	ay De O	i become endied i	Jy ICason	
Lessee's interest in the Equipment. For the purpos	ses of this fina	ncing statement, "Ed	quipme	nt" shall be further	described	
in item 12 of the UCC1Ad attached hereto, and inc						
attachments, improvements and accessions there						
PURPOSES ONLY. THE PARTIES CONSIDER T						
RIGHT TO SELL OR PLEDGE THE EQUIPMENT	, IT IS OWNE	D BY LESSOR AND	LEAS	ED TO LESSEE. 2	2014	
CARRIER Evaporator Coil M# CNPVP4221ALA S			C Cond	Jenser IM# 24ABB	SONUADE	
S# 2416E17072 2015 CARRIER Furnace M# 58S	ust (see UCC1Ad, item		g administe	ered by a Decedent's Persona	al Representative	
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Tru 6a. Check <u>only</u> if applicable and check <u>only</u> one box:	ast (350 000 tou, Itelli	h-rest .	-	if applicable and check only		
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is	a Transmitting Utility		Itural Lien Non-UCC		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign	nor Seller/Buyer	∐ Ba	ailee/Bailor Licer	see/Licensor	
8. OPTIONAL FILER REFERENCE DATA:			-	. <u>.</u>	11867186	
				Corporation	n Service Company	

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UCC FINANCING STATEMENT ADDENDUM

FOLLOWINSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financin because Individual Debtor name did not fit, check here.	g Statement; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME					
Morgan					
FIRST PERSONAL NA					
Kelly ADDITIONAL NAME(S)/INITIAL(3)	SUFFIX				
ADDITIONAL NAME(S)INITIAL(S)	SUFFIX	THE ABOVE CRACE I	0 FOD EII INO OFFICE	110E 041 V	
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional D	Debtor name or Debtor name that did not fit in		S FOR FILING OFFICE tatement (Form UCC1) (use		
do not omit, modify, or abbreviate any part of the Debtor's name) a				onaut, tan tianto	
10a. ORGANIZATION'S NAME					
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX	
MADIAIDOVE & VARIANCIAVIMILIVE(A)				JOFFIX	
10c. MAILING ADDRESS	Cit	STATE	POSTAL CODE	COUNTRY	
11. ADDITIONAL SECURED PARTY'S NAME or [11a ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY	S NAME: Provide only <u>one</u> na	ime (11a or 11b)		
118. ORGANIZATIONS NAME					
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
			T0005	OO! WITDY	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		T			
2014 CARRIER Evaporator Coil M# CNPVF	24221ALA S# 0914X37390 2	016 CARRILE A/C	Condenser M#		
24ABB336A0N3 S# 2416E17072 2015 CAF	RRIER Furnace M# 58STA13	35116 S# 3615A	2/1363		
			(C)		
			C		
13. This FINANCING STATEMENT is to be filed [for record] (or re REAL ESTATE RECORDS (if applicable)	corded) in the 14. This FINANCING STATE:		collateral is filed as	a fixture filing	
15. Name and address of a RECORD OWNER of real estate described		live and		<u> </u>	
(if Debtor does not have a record interest): PIN: 24-10-410-025-0000 and PIN: 24-10-410-026					
	attached				
	Exhibit.				
17. MISCELLANEOUS:	·				
	<u></u>				

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LOTS 5 AND 6 IN BLOCK 5 IN RIDGE LAWN HIGHLAND FIRST ADDITION, BEING A SUBDIVISION OF THE WEST HALF OF THE SOUTH EAST QUARTER OF THE SOUTH WEST QUARTER OF THE SOUTH EAST QUARTER AND THE WEST HALF OF THE EAST HALF OF THE SOUTH WEST QUARTER OF THE SOUTH EAST QUARTER OF SECTION 10, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 24-10-410-025-0000 and 24-10-410-026-0000

