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UCC FINANCING STATE	ME	NT
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	FOLL	OW	INSTR	UCT	IONS
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A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	94
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
119689306 - 375280	\neg
Corporation Service Company 801 Adlai Stevensor Crive	'
Springfield, IL 62703	Filed In: Illinois
L 'O	(Cook)



Doc#: 1622244030 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 08/09/2016 01:08 PM Pg: 1 of 3

İ	801 Adlai Stevensor Crive Springfield, IL 627ປ3	Filed In: Illinois (Cook)	THE ABOVE SPACE IS F			
1. I	DEBTOR'S NAME: Provide or your Debtor name (1a or 1b) (use of name will not fit in line 1b, leave all of iter (1.5 ank, check here [7] and	exact, full name; do not omit, modify, or a d provide the Individual Debtor information	abbreviate any part of the Debt	or's name); if any part of the	Individual Debtor's	
	1a. ORGANIZATION'S NAME		STATE OF THE THREE OF THRE	Statement Addendam (Form)		
OR	1b. INDIVIDUAL'S SURNAME SANCHEZ	FIRST PERSONAL NAME GUILLERMINA	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX	
1c.	MAILING ADDRESS 2504 N Long Ave	Chicago	STATE IL			
2. [DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use en name will not fit in line 2b, leave all of item 2 blank, check here and	xact, ull name; do not omit, modify, or a provide the Individual Debter information	on in item 10 of the Financing S	or's name); if any part of the Statement Addendum (Form	Individual Debtor's UCC1Ad)	
ΛD	2a. ORGANIZATION'S NAME	C			<u></u>	
OR	SANCHEZ	FIRST PEF SON AL NAME Maria		ADDITIONAL NAME(S)/INITIAL(S)		
2c.	MAILING ADDRESS 2504 N Long Ave	сіту Chicago	STATE IL	POSTAL CODE 60639	COUNTRY	
	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNE 3a. ORGANIZATION'S NAME Foundation Finance Comp	OR SECURED PARTY): Provide only or Dany LLC	<u>ie</u> Ser ured i arty name (3a or 3	3b)		
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME)/iDDITI	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
3c.	MAILING ADDRESS 7802 Meadow Rock Drive	CITY Weston	STA E	54176	COUNTRY	
P G M 2:	COLLATERAL: This financing statement covers the following collateral forch GUILLERMINA SANCHEZ JARIA SANCHEZ 504 N Long Ave Chicago, IL 60639			Trico	- I	

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/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :1-273018-1	119689306

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9. NAME OF FIRST DEBTOR: Same as line 1a or 1b or because Individual Debtor name did not fit, check here	n Financing Statement; if line 1b wa	is left blank				
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME SANCHEZ						
FIRST PERSONAL VAME GUILLERMINA						
ADDITIONAL NAME(S)/INI IAL' 5)		SUFFIX	THE ABOVE	SPACE	IS FOR FILING OFFIC	F USE ONLY
10. DEBTOR'S NAME: Provide (10a or Oh) or ,; one a do not omit, modify, or abbreviate any part of the Sector	dditional Debtor name or Debtor na s name) and enter the mailing addr	me that did not fit in line 1				
10a. ORGANIZATION'S NAME	0.5					
OR 10b. INDIVIDUAL'S SURNAME					·	
INDIVIDUAL'S FIRST PERSONAL NAME	0					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4					SUFFIX
10c MAILING ADDRESS	CITY	0		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME	or ASSIGNOR SEC	URED FARTY'S NAI	ME: Provide o	niy <u>one</u> na	me (11a or 11b)	
11a. ORGANIZATION'S NAME		171				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY		0	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				0,		
				0		
					CO	
13. This FINANCING STATEMENT is to be filed [for reco REAL ESTATE RECORDS (if applicable)	rd] (or recorded) in the 14. This F	INANCING STATEMENT:	covers as-e:	xtracted c	ollateral 🗸 is filed as	a fixtura filing
15. Name and address of a RECORD OWNER of real estate of (if Debtor does not have a record interest): GUILLERMINA SANCHEZ	Legal (•			ERS SUBD SW	
MARIA SANCHEZ 2504 N Long Ave		40N R13E /: COOK, IL AP	N- 13-28	_319_0	M0-0000	
Chicago, IL 60639		s Tract / Block:			-10 0000	
					division: HOWS	ERS
	h		4 00 140	13-28	SW	
		eference: 021-2	1-02 / 40-	10-20	011	
	Legal l	_ot: 29,30			HICAGO CITY S	יחי

17. MISCELLANEOUS:

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Legal Description

Lot 29 & 30 in block 1 in Howser's Subdivision of the southwest $\frac{1}{4}$ of the southwest $\frac{1}{4}$ of Section 28, Township 40 North, Range 13, East of the third Principal meridian, in Cook County, Illinois.

Property of Cook County Clark's Office