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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

HVAC

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	25676 - US CREDIT INC
CT Lien Solutions	54928666
P.O. Box 29071 Glendale, CA 91209-9071	ILIL
	FIXTURE
File with: Cook, IL	
(10.00)	IN tuse exact full name: do not omi



Doc#: 1622339115 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Fedorder of Deeds Date: 08/10/2016 10:17 AM Pg: 1 of 3

		'	THE ABOV	E SPACE IS FO	R FILING OFFICE US	E ONLY
. DE	File with Cook, IL EBTOR'S NAME: Provide only one officer name (1a or 1b) (use exact, full not me will not fit in line 1b, leave all of item, 1 blank, sheck here and provide the	ame; do not omit, ne Individual Debto	modify, or abbreviate an	v part of the Debtor's	name); if any part of the lement Addendum (Form U	ndividual Debtor's
	1a, ORGANIZATION'S NAME				AL NAME(S)/INITIAL(S)	SUFFIX
OR -	1b. INDIVIDUAL'S SURNAME MILES	ISAIAH	NAME			
1c. N	TAILING ADDRESS	CITY		STATE IL.	POSTAL CODE 60438	COUNTRY
34	30 BERNICE AVE EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full	LANSING	modify, or abbreviate a	ny part of the Debtor	s name); if any part of the	Individual Debtor's
na	me will not fit in line 2b, leave all of item 2 blank, check here and provide	ne li dividual Debt	or information in item 10	of the Financing Sta	tement Addendum (Form	UCC (Ad)
{	2a. ORGANIZATION'S NAME				NAL NAME(S)/INITIAL(S)	SUFFIX
OR	2b. INDIVIDUAL'S SURNAME	FIRST PLESONA	NAME	ADDITION	MAL NAME(S)/(NITIAL(S)	
2c.	MAILING ADDRESS	CITY	4px	STATE	POSTAL CODE	COUNTRY
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECT	JRED PARTY): Pr	ovide only orsecured	Party name (3a or 3	b)	
	3a. ORGANIZATION'S NAME US CREDIT	_		/_		SUFFIX
OR		FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	
3c.	MAILING ADDRESS	СПУ		STATE	POSTAL CODE	COUNTRY
_1	3820 W NEWBERRY RD #300	NEWBERI	RY	[FE	003	./
4. (COLLATERAL: This financing statement covers the following collateral:				Sc. C	y

	And of Charles To	-t (see UCC1Ad, item 17 and	d Instructions)	being administered by a De	cedent's Personal Representative
Check <u>only</u> if applicable and check <u>o</u>		ist (see Gootha, tom it am		6b. Check only if applicable	e and check <u>only</u> one box:
6a. Check <u>only</u> if applicable and check	only one box:	A Debtor is a Transr	nitting Utility	Agricultural Lien	Non-UCC Filing
Public-Finance Transaction	Manufactured-Home Transaction	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
7. ALTERNATIVE DESIGNATION (if a	policable).				_
8. OPTIONAL FILER REFERENCE DA 54928666	1384273				D.O. D 20074
34920000		- 1/00(14)		Prepare Glendale	d by CT Lien Solutions, P.O. Box 29071, e, CA 91209-9071 Tel (800) 331-3282

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UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State	ement; if line 1b was left blank		
because Individual Debtor name did not fit, check here			
. Sa. Ordanies Horro IV III.			
9b. INDIVIDUAL'S SURNAME			
MILES			
FIRST PERSONAL NAME ISAIAH			
ADDITIONAL NAME(SYINITIA) (3)	SUFFIX		
· O ₄		THE ABOVE SPACE IS FOR	
DEBTOR'S NAME: Provide (10a or 1501 only one additional Debt	tor name or Debtor name that did not fit in line 1b	or 2b of the Financing Statement (F	orm UCC1) (use exact, full name
do not omit, modify, or abbreviate any part of the Pithtor's name) and	enter the mailing address in line 10c		
10a. ORGANIZATION'S NAME			
R 10b, INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PÉRSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u></u>		SUFFIX
INDIVIDUAL ON DUME TO ME ()	4		
10c. MAILING ADDRESS	СПУ	STATE POSTAL	CODE COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECURED FARTY'S NAME	: Provide only one name (11a or	11b)
11a. ORGANIZATION'S NAME	70.4		
		ADDITIONAL NAME	(SVINITIAL(S) SUFFIX
DR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION LE 10 III.	(0)
	CITY	STATE POSTAL	CODE COUNTRY
11c. MAILING ADDRESS	CITY	STATE POSTAL	CODE COUNTRY
	CITY	STATE POSTAL	CODE COUNTRY
11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY	STATE POSTAL	CODE COUNTRY
	CITY	75	
	CITY	75	
	СПҮ	75	
	СПҮ	STATE POSTAL	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		750 750	
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or re	acorded) in the 14. This FINANCING STATEME	NT:	Č.
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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or re REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate describ	acorded) in the 14. This FINANCING STATEME covers timber to be cut ed in item 16 16. Description of real estate:	NT:	Č.
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. ☑ This FINANCING STATEMENT is to be filed [for record] (or re	ecorded) in the 14. This FINANCING STATEME covers timber to be cut 16. Description of real estate: Parcel 1D:	NT: Covers as-extracted collatera	Č _Q
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Debtor: MILES, ISAIAH

Exhibit for Real Estate

16. Description of real estate:

Continued

Legal Description: (SCHOOL) (TRUSTEES) SUB IN NW SEC32 & SW SEC

29-36-15

Lot Information

ons.
an 25.
Cook County Of Cook County Clark's Office Dimensions: 60X150 Less Than .25 Acre