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Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 08/12/2016 01:27 PM Pg: 1 of 5

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 119861275 - 397580 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703

Filed In: Illinois
(Cook)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor 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 Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME			
OR	1b. INDIVIDUAL'S SURNAME Adams	FIRST PERSONAL NAME David	ADDITIONAL NAME(S)/INITIAL(S) M
1c. MAILING ADDRESS 9612 W Higgins Road, #1D		CITY Rosemont	STATE IL
		POSTAL CODE 60018	COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME			
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
2c. MAILING ADDRESS		CITY	STATE
		POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Admirals Bank			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
3c. MAILING ADDRESS 15 Park Row West		CITY Providence	STATE RI
		POSTAL CODE 02903	COUNTRY USA

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

Complete Kitchen Remodel

Demolition

- install dust protection and floor protection to existing rooms next to kitchen and on floors to existing door. Use Clean Build dust protection air cleaner during construction to remove dust in the air.
- remove cabinets, counters, plumbing to sink, floor tile, drywall behind cabinets for electric to be updated, ceiling light, wall behind sink, right side of door opening from the kitchen, frame and casing on wall in front of living room.
- move appliances & provide dust protection.
- remove all base molding.

Installation

- install cabinets per layout.
- install Cambria counters
- install mango MG817 glass lineal mosaic tile backsplash. Grout with epoxy and installed with white mortar.

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:

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/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

119861275

TTY

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

Adams

FIRST PERSONAL NAME

David

ADDITIONAL NAME(S)/INITIAL(S)

M

SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only the additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR 10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

-install Mango Crema Marfil gloss tile set in mortar, level floor if needed.

-install wood base to match existing base. Plumbing -install new water lines, shut off valves, sink strainers, and drain for sink.

-reinstall dishwasher and fridge water lines.

Electric

-install 2 circuits for code, GFCI outlets, LED lighting with dimmer under cabinets, all new switched & outlets standard

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

See attached exhibit A.

PARCEL ID #12-04-204-053-1004

17. MISCELLANEOUS:

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

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9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME	
Adams	
FIRST PERSONAL NAME	
David	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
M	

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OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):
color white, ivory, or light almond.
-add switch for disconnect for dishwasher.

Framing

-remove wall behind sink & side wall.

-block wall for installation of drywall.

-frame existing opening w/2x4 to match existing drywall.

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15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

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10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

Painting

- prime all new drywall & patches.
- remove stucco from ceiling and prime.
- paint ceiling white.

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16. Description of real estate:

17. MISCELLANEOUS:

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ADAMS Exhibit A;

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF COOK, STATE OF ILLINOIS, TO WIT:

UNIT ID AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS PARCEL:) PART OF LOT 1 IN GRIZAFFI AND FALCONE EXECUTIVE ESTATES, BEING A SUBDIVISION IN THE NORTHEAST ¼ OF SECTION 4, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM MADE BY GIZAFFI AND FALCONE CONTRACTORS, INCORPORATED, RECORDED IN THE OFFICE OF THE RECORDER OF COOK COUNTY, ILLINOIS, AS DOCUMENT NUMBER 19882994, AND SUBSEQUENTLY AMENDED BY DOCUMENT NUMBER 19890081; TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL OF THE UNITS THEREOF AND DEFINED AND SET FORTH IN SAID DECLARATION AS AMENDED AND SAID SURVEY), ALL IN COOK COUNTY, ILLINOIS.

PARCEL ID #12-04-204-053-1004

Office of Cook County Clerk's Office