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	U	CC	FIN.	ANC	ING	STA	TEN	IENT
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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)	
1206 09813	
Corporation Service Company	·
801 Adlai Stevensor Orive	
Springfield, IL 62703	Filed In: Illinois
	(Cook)
1. DEBTOR'S NAME: Provide or , on Debtor name (1a or 1b) (use	exact, full name; do not omit.
name will not fit in line 1b, leave all of ite 1 1 lank, check here	



Doc#: 1624313035 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 08/30/2016 01:09 PM Pg: 1 of 2

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_		INE AD	OVE SPACE IS FU	OR FILING OFFICE USE	ONLY
1. [DEBTOR'S NAME: Provide or , on Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of ite nat lank, check here and	exact, full name; do not omit, modify, or abbreviate d provide the Individual Debtor information in item	any part of the Debto 10 of the Financing St	r's name); if any part of the Ir atement Addendum (Form U	ndividual Debtor's CC1Ad)
OR	1a. ORGANIZATION'S NAME		<u>"</u>		<u></u>
	1b. INDIVIDUAL'S SURNAME O Brien	FIRST PERSONAL NAME William	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c.	MAILING ADDRESS 646 N Stark Dr	Palatine	STATE IL	POSTAL CODE 60074	COUNTRY
2. [r	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use ename will not fit in line 2b, leave all of item 2 blank, check here and and ORGANIZATION'S NAME	xact rull name: do not omit, modify, or abbreviate it provided the Individual Debter information in item 4	any part of the Debtor 10 of the Financing St	s name); if any part of the Ir atement Addendum (Form U	ndividual Debtor's CC1Ad)
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	O Brien	Mary	, ABBITTO	HAVE HAMISTONIN CIVERS)	SUFFIX
2c.	MAILING ADDRESS 646 N Stark Dr	Palatine	STATE IL	POSTAL CODE 60074	COUNTRY
3. 5	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNE	DR SECURED PARTY): Provide only one Secure	Party name (3a or 3))	
	3a. ORGANIZATION'S NAME Foundation Finance Com	pany LLC			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS 7802 Meadow Rock Drive	CITY	STATE	POSTAL CODE	COUNTRY

Weston

4. COLLATERAL: This financing statement covers the following collateral: Windows and Aluminum Trim WILLIAM OBRIEN MARY OBRIEN 646 N Stark Dr Palatine, IL 60074

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 Selfer/Buy	rer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: : 1-266792-1	1206 09813

USA

1624313035 Page: 2 of 2

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NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here	Statement; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
O Brien FIRST PERSONAL NAM!					
William					
ADDITIONAL NAME(S)/IN TIA (S)	SUFFIX	THE ABOV	E SPACE L	S FOR FILING OFFIC	E USE ONLY
DEBTOR'S NAME: Provide (10a o. 10a). Ny one additional D					
do not omit, modify, or abbreviate any part of the Dobtor's name) a 10a ORGANIZATION'S NAME	nd enter the mailing address in line 10c				
IDA: ORGANIZATIONS NAME					
R 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	-0				
	0,				Toursey
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4				SUFFIX
Dc. MAILING ADDRESS	CIT. Y		STATE	POSTAL CODE	COUNTRY
	0,				-
1. ADDITIONAL SECURED PARTY'S NAME of [11a ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY	'S NAME: Provid	e only <u>one</u> na	ame (11a or 11b)	
				70 W T A 10	Louisely
R 116. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS	CITY	0.	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPÄCE FOR ITEM 4 (Collateral):			9		
				Isc.	
				9	
	ecorded) in the 14. This FINANCING STATI	EMENT:			
This FINANCING STATEMENT is to be filed [for record] (or record).		[7]	as-extracted	collateral is filed	as a fixture filing
This FINANCING STATEMENT is to be filed [for record] (or re REAL ESTATE RECORDS (if applicable)	covers timber to be				
REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate describer (if Debtor does not have a record interest):	covers timber to be d in item 16 16. Description of real estate	te:	a a subc	livision of Part o	of Section 14,
REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest): WILLIAM OBRIEN	covers timber to be	te: Wood, bein			
REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest): WILLIAM OBRIEN MARY OBRIEN	Lot 219 in Willow Township 42 Nortaccording to plat	wood, bein th, Range 10 thereof regis), East c stered in	of the Third Pring the office of the	cipal Meridiar e registrar of
REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest): WILLIAM OBRIEN	covers timber to be d in item 16 16. Description of real esta Lot 219 in Willow Township 42 Nort according to plat titles of Cook Cou	wood, bein th, Range 10 thereof regis), East c stered in	of the Third Pring the office of the	cipal Meridiar e registrar of
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