

UNOFFICIAL COPY



Doc# 1627118112 Fee \$42.00
RHSP Fee:\$9.00RPRF Fee \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/27/2016 03:34 PM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do no abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME Going	FIRST NAME Michael	MIDDLE NAME Patrick	SUFFIX
-------------------------------------	-----------------------	------------------------	--------

1c. MAILING ADDRESS
708 Maclean Ave

CITY Kenilworth	STATE IL	POSTAL CODE 60043	COUNTRY USA
--------------------	-------------	----------------------	----------------

1d. TAX ID #: SSN OR EIN

ADD'L INFO REORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do no abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME Going	FIRST NAME Joanna	MIDDLE NAME Elizabeth	SUFFIX
-------------------------------------	----------------------	--------------------------	--------

2c. MAILING ADDRESS
708 Maclean Ave

CITY Kenilworth	STATE IL	POSTAL CODE 60043	COUNTRY USA
--------------------	-------------	----------------------	----------------

2d. TAX ID #: SSN OR EIN

ADD'L INFO REORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

1672465

UNOFFICIAL COPY

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNER S/P) - insert only one secured party name (3a or 3b)

OR	3a. ORGANIZATION'S NAME Citibank, N.A.			
	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS
1000 Technology Drive

CITY O'Fallon	STATE MO	POSTAL CODE 63368-2240	COUNTRY
-------------------------	--------------------	----------------------------------	---------

4. This FINANCING STATEMENT covers the following collateral:
SEE SCHEDULE/EXHIBIT A

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG.LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]						
8. OPTIONAL FILER REFERENCE DATA			7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]		ALL DEBTORS	DEBTOR 1 DEBTOR 2

UNOFFICIAL COPY

LEGAL DESCRIPTION

Leasehold Estate as defined in the conditions of the ALTA Leasehold Policy, created by the instrument herein referred to as the lease, said lease executed and acknowledge by and between 1209 Astor Corporation and Mark Solovy and Michal Solovy lessee over the land described as follows:

Apartment 7S of the building commonly known as 1209 N Astor Chicago, IL which is located of the following described real estate

Lots 10, 11 and 12 (except the South 15.88 feet of said Lot 12) in Block 9 in H. O. Stones subdivision of Astor's addition to Chicago in the North fractional 1/2 of Section 3, Township 39 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

Address commonly known as:
1209 N. Astor Street, Apt 7S
Chicago, IL 60610

PIN#: 17-03-113-003-0000

Property of Cook County Clerk's Office