

UNOFFICIAL COPY



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) | |
| 1254 06999 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 | Filed In: Illinois (Cook) |

Doc# 1636313022 Fee \$40.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 12/28/2016 02:26 PM PG: 1 OF 2

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 Triforo | | FIRST PERSONAL NAME Susan | ADDITIONAL NAME(S)/INITIAL(S) K | SUFFIX |
| 1c. MAILING ADDRESS 1410 Central Street Apt 2E | | CITY Evanston | STATE IL | POSTAL CODE 60201 | 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) | SUFFIX |
| 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 FIRST BANK & TRUST | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 820 CHURCH ST | | CITY EVANSTON | STATE IL | POSTAL CODE 60201 | COUNTRY USA |

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

UNIT 2E OF THE BUILDING COMMONLY KNOWN AS 1410 CENTRAL STREET, WHICH IS LOCATED ON THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 10 AND 11 IN BLOCK 4 IN EVANSTON PARK ADDITION, BEING A SUBDIVISION OF BLOCKS 1, 2, 3, 4, 6 AND 7 IN NORTH EVANSTON, BEING ON THE NORTHEAST FRACTIONAL QUARTER OF THE NORTH HALF OF THE SOUTH EAST QUARTER OF SECTION 12, TOWNSHIP 41 NORTH, RANGE 13, EAST SOUTH 14 FEET CONVEYED TO THE CITY OF EVANSTON (FOR STREET AND ALLEY PURPOSES) IN COOK COUNTY, ILLINOIS. PIN'S:10-12-205-003-0000, 10-12-205-002-0000

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

1254 06999

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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

Triforo

FIRST PERSONAL NAME

Susan

ADDITIONAL NAME(S)/INITIAL(S)

K

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one 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):

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):

Susan K Triforo

1410 Central Street Apt 2E

Evanston IL 60201

16. Description of real estate:

LOTS 10 AND 11 IN BLOCK 4 IN EVANSTON PARK ADDITION, BEING A SUBDIVISION OF BLOCKS 1, 2, 3, 4, 6 AND 7 IN NORTH EVANSTON, BEING ON THE NORTHEAST FRACTIONAL QUARTER OF THE NORTH HALF OF THE SOUTH EAST QUARTER OF SECTION 12, TOWNSHIP 41 NORTH, RANGE 13, EAST SOUTH 14 FEET CONVEYED TO THE CITY OF EVANSTON (FOR STREET AND ALLEY PURPOSES) IN COOK COUNTY, ILLINOIS. PINS: 10-12-205-003-0000, 10-12-205-002-0000

17. MISCELLANEOUS: