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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/23/2017 03:08 PM PG: 1 OF 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

17010146

A. NAME & PHONE OF CONTACT AT FILER (optional)
Elderlife Financial Lending, LLC, 202-499-4716

B. E-MAIL CONTACT AT FILER (optional)
RGONZALEZ@ELDERLIFEFINANCIAL.COM

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

ELDERLIFE FINANCIAL LENDING, LLC
ATTN: LEGAL DEPARTMENT
7529 STANDISH PLACE, SUITE 300
ROCKVILLE, MD 20855

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 1b of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S SURNAME LaBarge		FIRST PERSONAL NAME Margaret	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 8000 Bielby Lane		CITY LaGrange	STATE IL	POSTAL CODE 60525
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 1b 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 ELDERLIFE FINANCIAL LENDING, LLC				
OR				
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 7529 STANDISH PLACE, SUITE 300		CITY ROCKVILLE	STATE MD	POSTAL CODE 20855
COUNTRY USA				

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

8000 Bielby Lane
La Grange IL 60525
PARCEL ID - 18-32-100-009-0000

LEGAL DESCRIPTION:

A PARCEL OF LAND LOCATED IN THE STATE OF ILLINOIS, COUNTY OF COOK, WITH A SITUS ADDRESS OF 8000 BIELBY LN, LA GRANGE, IL 60525-5209 CURRENTLY OWNED BY LABARGE HAVING A TAX ASSESSOR NUMBER OF 18-32-100-009-0000 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS LOT 28 IN MARY F BIELBY'S EDGEWOOD ACRES UNIT 2 PART OF NW4 NW4 OF SE C32 T38N R12E 3P AND DESCRIBED IN DOCUMENT NUMBER 13418010 DATED 05/13/2009 AND RECORDED 05/14/2009.

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 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensors

8. OPTIONAL FILER REFERENCE DATA:

Handwritten notations: S, Y, N, S, N, S, N, S, Y, N, E, INT

UNOFFICIAL COPY**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

LaBarge

FIRST PERSONAL NAME

Margaret

ADDITIONAL NAME(S)/INITIAL(S)

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):

16. Description of real estate:

8000 Bielby Lane

La Grange, IL 60525

Parcel ID: 18-32-100-009-0000

A PARCEL OF LAND LOCATED IN THE STATE OF ILLINOIS, COUNTY OF COOK, WITH A SITUS ADDRESS OF 8000 BIELBY LN, LA GRANGE, IL 60525-5209 CURRENTLY OWNED BY LABARGE HAVING A TAX ASSESSOR NUMBER OF 18-32-100-009-0000 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS LOT 28 IN MARY F BIELBY'S EDGEWOOD ACRES UNIT 2 PART OF NW4 NW4 OF SE C32 T38N R12E 3P AND DESCRIBED IN DOCUMENT NUMBER 13418010 DATED 05/13/2009 AND RECORDED 05/14/2009.

17. MISCELLANEOUS: