# **UNOFFICIAL COPY**

#### **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-529	94
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1284 12273	
Corporation Service Company	·
801 Adlai Stevenson Drive	
Springfield, IL 62703	Filed In: Illinois

|--|

\*1706813054\*

Doc# 1706813054 Fee \$42.00

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

KAREN A.YARBROUGH

COOK COUNTY DECODDED OF DEEDS

	•		COOK COUNTY	KECOKDE	K OF DEEDS	
	Corporation Service Company		DATE: 03/09	)/2017 A?	:07 PM PG: 1 OF	,
	801 Adlai Stevenson Drive				FII FG. 1 UF	3
	Springfield, IL 62703	Filed In: Illinois				
.		(Cook)	•	• ,	<del>-</del>	
	_		THE ABOVE \$F	ACE IS FO	R FILING OFFICE USE	ONLY
	DEBTOR'S NAME: Provide only one clebtor name (1a or 1b) (use exact					
n.		ovide the Individual Debtor int	ormation in item 10 of the	Financing St	atement Addendum (Form Ut	UCIAd)
	1a. ORGANIZATION'S NAME					
OR						
ואט	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	\ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	OJEDA	MARIA				ĺ
1c.	MAILING ADDRESS 7334 W. 57th St.	CITY		STATE	POSTAL CODE	COUNTRY
	, 55.7	Summit		IL	60501	USA
_						
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex-					
		ovi le tha Individual Debtor int	ormation in item 10 of the	rinancing St	atement Addendum (Form U	UU1A0)
	2a. ORGANIZATION'S NAME	$T = \frac{1}{2}$				
OR	2b. INDIVIDUAL'S SURNAME	FIRST HERSONAL N	\ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	OJEDA	ENRIQUE				
 2c.	MAILING ADDRESS 7334 W. 57th St.	CITY		STATE	POSTAL CODE	COUNTRY
	7 334 VV. 37 (1) Qt.	Summit	7x.	IL	60501	USA
			<u> </u>		<u> </u>	00/1
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECURED PARTY): Provide	onl), <u>one</u> Secured Party na	ame (3a or 3b	)	
	3a. ORGANIZATION'S NAME Foundation Finance Compa	ny LLC	( ),			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	∤ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				Z.		
 3c.	MAILING ADDRESS 7802 Meadow Rock Drive	CITY		STATE	POSTAL CODE	COUNTRY
	7002 Moddow Mook Billyo	Weston		VAL	54476	USA
_						1 - 4
	OLLATERAL: This financing statement covers the following collateral:				Office of the second	
M	IARIA A OJEDA		r			
Ε	NRIQUE M OJEDA					
7	334 W. 57th St.				C	
	ummit, IL 60501					
J	utititiit, 1L 0000 t					
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						/
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					$\vee$	
). Ç	heck <u>only</u> if applicable and check <u>only</u> one box: Collateral is   held in a '	Trust (see UCC1Ad, item 17 a	and Instructions)    bei	ing administe	red by a Decedent's Persona	al Representative

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 <u>only</u> if applicable and check <u>only</u> 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 Seller/Buy	rer Bailee/Bailor Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA: 1-55896-1	

1284 12273

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### UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS	et: if line the weet left bloods				
<ol> <li>NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here</li> </ol>	чи, и шле то was left blank			•	
9a. ORGANIZATION'S NAME	,				
OR 9b. INDIVIDUAL'S SURNAME					
OJEDA					
FIRST PERSONAL NAME					
MARIA	lauren				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	<b>-</b>			
0. DEBTOR'S NAME: Provide (10a or 1 22 cally one additional Debtor nan	ne or Debtor name that did not fit in	***		S FOR FILING OFFICE	
do not omit, modify, or abbreviate any part of the Cabtor's name) and enter t		ixie (D 01 2D 0) ale F	manding c	statement (Form OCC I) (de	e exact, full frame,
10a. ORGANIZATION'S NAME					
OR			<u> </u>		
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME				<del>_</del>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	0/				SUFFIX
	$\tau_{\circ}$				
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASSI     ASSI     ASSI     ASSI	GNOR SECURED PARTY'S	S NAME: Provide o	nly <u>one</u> na	ame (11a or 11b)	
		, }			
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	10.	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		<del></del> 7	4		
, (Galadala),			0,		
			0		
				Usca	
·				, C	
•				C	
This FINANCING STATEMENT is to be filed [for record] (or recorded) in	the 14. This FINANCING STATEM	MENT:			,
REAL ESTATE RECORDS (if applicable)	covers timber to be c	ut covers as-	extracted	collateral 📝 is filed as	a fixture filing
<ul> <li>Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest);</li> </ul>		ADN: 40.40	242.0	122 0000	
MARIA A OJEDA	County: COOK, IL APN: 18-13-212-022-0000 Census Tract / Block: 8203.00 / 3				
ENRIQUE M OJEDA	Township-Range-Sect: 38-12-13 Subdivision: HARLEM				
7334 W. 57th St.	HEIGHTS				
Summit, IL 60501	Map Reference: /	38-12-13NF			
	Legal Lot: 22				
	Legal Block: 4 Sc	hool District:	217 A	RGO CHSD	
	:			<del></del>	
	Neighbor Code: 0	91 Munic/To	wnship	: LYONS	
7. MISCELLANEOUS:			·		

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## **UNOFFICIAL COPY**

### Legal Description:

Lot 22 in Block 4 in Harlem Heights, being a subdivision of out lot 2 in Canal Trustees' subdivision of the north ½ of the northeast ¼ Section 13, Township 38 north, range 12 east of the third principal meridian, in Cook County, Illinois.

And commonly known and described as: 7334 W 57<sup>th</sup> Street, Summit, Illinois 60501

Index.

Property of County Clerk's Office Permanent Index Number (PIN): 18-13-212-022-0000