				-		
						<b>    </b>
UCC FINANCING STATE	MENT		.	*1717945		
FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT F	Ell ER (antional)		Doc# 1717	945094	Fee \$40.	99
	73.654.2053		i RHSP FEE:\$9.	aa DDDF	FFF: ¢1 AA	ŧ
B. E-MAIL CONTACT AT FILER (options			KAREN A.YARB		FEE: 31.00	
IVAN.GUZMAN@RATE.C	. —		COOK COUNTY		OF DEEDS	
GUARANTEED RATE I	,	<del>-</del>	DATE: 06/28/			1 OF 2
POST-CLOSING DEPA		1				
3940 N RAVENSWOOD	AVE		<u></u>			
CHICAGO, 12 60 613		1				
			THE ABOVE SE			
DEBTOR'S NAME: Provide only une name will not fit in line 1b, leave all of item		name; do not omit, modify, or the Individual Debtor informat				
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME	<u> </u>	FIRST PERSONAL NAME		ADDITIO	NAL NAME/SYANII	TIAL(S) SUFFIX
WATTS	JENNIFER		ADDITIONAL NAME(S)/INITIAL(S)		HOUGH SUFFIX	
1c, MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
826 HAMLIN AVE		EVANSTON		IL	60201	USA
2. DEBTOR'S NAME: Provide only one on name will not fit in line 2b, leave all of item		ame; do not omit, modify, or or individual Debtor informa				
2a. ORGANIZATION'S NAME		T			<u> </u>	<del>.</del>
OR 2b. INDIVIDUAL'S SURNAME		Teiner ger solvi vane	<del> </del>	LADDITIO	NAL NAME(S)/INIT	TIAL(S) SUFFIX
20. INDIVIDUAL'S SURNAME		FIRST PEF SONAL NAME		ADDITIO	INAL NAME(S)/INC	TIAC(3) SUFFIX
c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAM	ME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only	one Serureu Party n	ame (3a or 3l	p)	A
3a. ORGANIZATION'S NAME GUARANTEED RAT	E INC., ISAOA, JEF	F BAKER NMI	LS ID #1472	296		
OR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	6)		NAL NAME(S)//NIT	TIAL(S) SUFFIX
		LOIT!		107(7)	IDOSTAL COOF	COUNTRY
3c, MAILING ADDRESS 3940 N RAVENSWOOD	AVE	CHICAGO		STATE	59613	USA
4. COLLATERAL: This financing statement	covers the following collateral:	<u> </u>				·
25 (twenty-five) shares of stoc 1004 Washington Street, Evan						
favor of Guaranteed Rate to s						
						S
						P
						,
						7
						9
						1
						į
5. Check only if applicable and check only one	box: Collateral is held in a Trust (	see UCC1Ad, item 17 and In	nstructions) be	ing administe	red by a Decedent	t's Personal Representative
6a. Check only if applicable and check only or	,			_	if applicable and ch	<del></del>
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transmi		<del>-</del>	tural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable 8. OPTIONAL FILER REFERENCE DAT.	·	Cansignee/Consignor	Seller/Buyer	Ba	ilee/Bailor	Licensee/Licensor
LO: JEFF BAKER/NMLS ID		502/LENDER: GU	ARANTEED	RATE/	LENDER N	MLS: 2611

1717945094 Page: 2 of 2

## **UNOFFICIAL COPY**

## LEGAL DESCRIPTION

APARTMENT 2 ON OF AN APARTMENT BUILDING COMMONLY KNOWN AS 1004 W. WASHINGTON, WHICH BUILDING IS LOCATED ON THE FOLLOWING DESCRIBED REAL ESTATE: LOTS 9 AND 10 IN BLOCK 4 OF ADAMS AND BROWN'S ADDITION TO EVANSTON, BEING A SUBDIVISION OF THAT PART OF THE NORTH 1/2 OF THE NORTH 1/2 OF THE SOUTHWEST 1/4 LYING EAST OF RIDGE ROAD, (EXCEPT THE SOUTH 2 FEET THEREOF), IN SECTION 19, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 11-19-305-001-0000 & 11-19-305-002-0000

COMMONLY KNOWN AS: 1004 Washington St., Apt #2, Evanston, IL 60202

AS: 16
Or Coop County Clark's Office