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1803601044

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Doc# 1803601044 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/05/2018 11:56 AM PG: 1 OF 3

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 37724 - OVATION SALES	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	62413650 ILIL FIXTURE
File with: Cook, IL	

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 MENESES	FIRST PERSONAL NAME MARCELINO	ADDITIONAL NAME(S)/INITIAL(S) EMANUEL	SUFFIX		
1c. MAILING ADDRESS 1501 MAPLE AVE #2		CITY BERWYN	STATE AL	POSTAL CODE 60402	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 OVATION SALES FINANCE TRUST					
OR					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
3c. MAILING ADDRESS 805 LAS SIMAS PKWY SUITE 350		CITY AUSTIN	STATE TX	POSTAL CODE 78745	COUNTRY USA

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

S Y
 P 3
 S N
 M N
 SC Y
 E Y
 INT

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:

<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing
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6b. Check only if applicable and check only one box:

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

8. OPTIONAL FILER REFERENCE DATA:
62413650 1640741

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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

MENESES

FIRST PERSONAL NAME

MARCELINO

ADDITIONAL NAME(S)/INITIAL(S)

EMANUEL

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:

Parcel ID:
16-19-125-041-0000

PARCEL# 16-19-125-041-0000

MENESES
1501 MAPLE AVE #2
BERWYN, IL 60402
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 62413650-IL-31 37724 - OVATION SALES FINANC OVATION SALES FINANCE TRUST File with: Cook, IL 1640741

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Debtor: MENESES, MARCELINO, EMANUEL

Exhibit for Real Estate

16. Description of real estate: Continued

COOK COUNTY

LEGAL DESCRIPTION: A PARCEL OF LAND
LOCATED IN THE STATE OF IL, COUNTY OF COOK,
WITH A SITUS ADDRESS OF 1501 MAPLE AVE #2,
BERWYN IL 60402-1366 C021 CURRENTLY OWNED
BY MENESES MARCELINO E HAVING A TAX
ASSESSOR NUMBER OF 16-19-125-041-0000 AND
BEING THE SAME PROPERTY MORE FULLY
DESCRIBED AS BLOCKS 16 14 47-52 S19 T39N R13E
3P AND DESCRIBED IN DOCUMENT NUMBER
2001.362917 DATED 4/11/2001 AND RECORDED
5/2/2001.

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