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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/06/2018 03:27 PM PG: 1 OF 4

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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) 38937 - United Bank

Lien Solutions 62749967
P.O. Box 29071
Glendale, CA 91209-9071

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: MCCLAIN
FIRST PERSONAL NAME: EDWARD
ADDITIONAL NAME(S)/INITIAL(S):
SUFFIX:

1c. MAILING ADDRESS: 930 W WESTWOOD DR
CITY: GLENWOOD
STATE: IL
POSTAL CODE: 60425
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: UNITED BANK

OR 3b. INDIVIDUAL'S SURNAME:
FIRST PERSONAL NAME:
ADDITIONAL NAME(S)/INITIAL(S):
SUFFIX:

3c. MAILING ADDRESS: 1645 Ellington Road
CITY: South Windsor
STATE: CT
POSTAL CODE: 06074
COUNTRY: USA

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

S Y
P 4
S N
M N
SC Y
E Y
INT Y

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:
62749967 1776866

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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

MCCLAIN

FIRST PERSONAL NAME

EDWARD

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:

Parcel ID:
32-04-105-001-0000

APN 32-04-105-001-0000
MCCLAIN
930 W WESTWOOD DR
GLENWOOD IL 60425
County COOK
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 62749967-IL-31 38937 - United Bank

UNITED BANK

File with: Cook, IL

1776866

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Debtor: MCCLAIN, EDWARD

Exhibit for Real Estate

16. Description of real estate: Continued

DESCRIPTION: SEE ATTACHED EXHIBIT "A"

Property of Cook County Clerk's Office
COOK COUNTY
RECORDER OF DEEDS
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STEWART TITLE INSURANCE COMPANY

Title No : 15091633
Agent Order/ File No

LEGAL DESCRIPTION EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF COOK, STATE OF ILLINOIS, AND IS DESCRIBED AS FOLLOWS.

LOT 124 IN GLENWOOD MANOR UNIT NO 1, A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 4, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Permanent Index Number 32-04 105 001 0000

Property Address: 930 W WESTWOOD DR, GLENWOOD, IL 60425

APN: 32 04 105-001 0000

COOK COUNTY
RECORDER OF DEEDS

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