

UNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS



1808244087

Doc# 1808244087 Fee \$40.00

CHSP FEE: \$9.00 RPRF FEE: \$1.00

AREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/23/2018 04:18 PM PG: 1 OF 2

A. NAME & PHONE OF CONTACT AT FILER [optional]
FTL Finance (888)314-4588

B. E-MAIL CONTACT AT FILER [optional]
customerservice@ftlfinance.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
FTL Finance
820 South Main Street Suite 300
St. Charles, MO 63301

THE AL

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 Madlock	FIRST PERSONAL NAME* Monique	ADDITIONAL NAME(S) / INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 266 Pleasant Dr	CITY Chicago Heights	STATE IL	POSTAL CODE 60411

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 NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
FTL Finance

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 820 South Main Street Suite 300	CITY St. Charles	STATE MO	POSTAL CODE 63301

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

Ruud #W191747194 Furnace

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

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

116943, Cook, Mbrique Madlock

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 04/20/11)

International Association of Commercial Administrators (IACA)

S Y

P 2

S N

M N

SC Y

E Y

INT AV.

D 3-14-18

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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

Madlock

FIRST PERSONAL NAME

Monique

ADDITIONAL NAME(S) / INITIALS(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

FTL Finance

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S) / INITIALS(S)

SUFFIX

11c. MAILING ADDRESS

820 South Main Street Suite 300

CITY

St. Charles

STATE

MO

POSTAL CODE

63301

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):

Recorded Owner: Monique Madlock
Owner Address:
266 Pleasant Dr
Chicago Heights, IL 60411

16. Description of real estate:

APN: 32-08-319-004-0000, Legal Lot: 4, Legal Block: 7,
Subdivision: SUNDALE RIDGE, Sec: 08, Township: 35,
Range: 14, County: COOK

17. MISCELLANEOUS: