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### 18002242 NC NH 4 FT UCC FINANCING STATEMENT

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional) SUSANNA AMARO	
B. E-MAIL CONTACT AT FILER (optional)	
SAMARO@IHDA.ORG	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
ILLINOIS HOUSING DEVELOPMENT AUTHORITY 111 E. WACKER DRIVE, STE. 1000	7
CHICAGO, ILLINOIS 60601	
ATTENTION: LEGAL DEPARTMENT	_

Doc# 1809545080 Fee \$42.00

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

KAREN A.YARBROUGH

	ORITY D		56 PH PG: 1 OF	ONLY ndividual Debtor's
OR 10. INDIVIDUAL'S SURNAME  1a. ORGANIZATION'S NAME  HOME FIRST ILLINOIS, LLC  1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1 N. LASALLE STREET, SUITE 700	CHICAGO		OSTAL CODE	COUNTRY
name will not fit in line 2b, leave all of item 2 blank, check here and provide  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  2c. MAILING ADDRESS	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
33. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNOR SECURED	AUTHORITY	-/0		
36. INDIVIDUAL'S SURNAME 36. MAILING ADDRESS 111 E. WACKER DR., SUITE 1000	CITY CHICAGO	STATE PC	NAME(S)/INITIAL(S)  DSTAL CODE  00601	COUNTRY USA
4. COLLATERAL: This financing statement covers the following collateral: ALL OF DEBTOR'S EQUIPMENT, ACCOUNTS AND DEBTOR'S RIGHTS, TITLE AND INTEREST IN TOOR AFFIXED TO, OR CONSTITUTING A PART OF PROPERTY DESCRIBED ON EXHIBIT A ATTACK TOGETHER WITH ALL PROCEEDS THEREOF.	ND GENERAL INTANG HE FIXTURES NOW OI OF, OR LOCATED IN OF	IBLES, AND ALL R HEREAFTER A' R UPON, THE REA	OZ TTACHED AL	USA

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:	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	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:  IFF PHASE II - RIRP #10866 - 655 W IRVING PARK RD LINIT 1212 CHICAGO	O II COUNTY -

International Association of Commercial Administrators (IACA)



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CC FINANCING STATEMENT ADDENDUM DLLOW INSTRUCTIONS				
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, i because Individual Debtor name did not fit, check here	if line 1b was left blank			
9a, ORGANIZATION'S NAME HOME FIRST ILLINOIS, LLC				
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL N' JML				
ADDITIONAL NAME(S)/INIT(AL(S)	SUFFIX	THE ABOVE SPACE I	S FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10a or (0.1) only one additional Debtor name of do not omit, modify, or abbreviate any part of "ie U" Jtor's name) and enter the interval of the U" Jtor's name) and enter the interval of the U" Jtor's name).	or Debtor name that did not fit in mailing address in line 10c	line 1b or 2b of the Financing S	tatement (Form UCC1) (use	exact, full na
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7		<del></del>	SUFFIX
MAILING ADDRESS	СІТУ	STATE	POSTAL CODE	COUNTR
ADDITIONAL SECURED PARTY'S NAME QL ASSIGN 118, ORGANIZATION'S NAME	IOR SECURED PARTY'S	S NAME: Provide only one na	me (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNTR
ADDITIONAL SPACE FOR ITEM 4 (Collateral):		To	Opposition	
This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEM  covers timber to be or		collateral 🔽 is filed as a	ı fixture filing
Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  OME FIRST ILLINOIS, LLC  N. LASALLE STREET, SUITE 700  HICAGO, IL 60611	16. Description of real estate:  EXHIBIT A - LEG	AL DESCRIPTION		
:				

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### **LEGAL DESCRIPTION**

#### **UNIT 1212**

Units 1212 and V-41 together with its undivided percentage interest in the common elements in Park Place Tower I Condominium as delineated and defined in the declaration recorded as document no. 0011020878, as amended from time to time, in the northwest 1/4 of Section 21, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

655 W. TRUING PARK RL, UNIT1212+ PARKING V-41 THE STATE OF COUNTY COUNTY CIEFFS OFFICE