# UNOFFICIAL COPY

| JUL  | Υ        |   |           |  |  |  |
|--|----------|---|-----------|--|--|--|
|  |          | 1813616077*   |           |  |  |  |
| Doc#   | 18136    | 16077 Fee \$48.   | 00        |  |  |  |
| RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A.YARBROUGH COOK COUNTY RECORDER OF DEEDS |          |   |           |  |  |  |
| DATE: 0  | 5/16/20  | 18 02:39 PM PG:   | 1 OF 6    |  |  |  |
| E ABOVE SPACE  | CE IS FO | R FILING OFFICE USE C   | /<br>INLY |  |  |  |
|  |          | s name); if any part of the Ind<br>stement Addendum (Form UC  |           |  |  |  |
|  |          |   |           |  |  |  |
|  | ADDITION | NAL NAME(S)/INITIAL(S)  | SUFFIX    |  |  |  |
|  | STATE    | POSTAL CODE<br>60651  | USA       |  |  |  |
|  |          | s name); if any part of the Ind<br>sternent Addendum (Form UC |           |  |  |  |
|  |          |   |           |  |  |  |
|  |          |   |           |  |  |  |
|  | ADDITION | NAL NAME(S)/INITIAL(S)  | SUFFIX    |  |  |  |

## **UCC FINANCING STATEMENT**

| FOLLO' | WINSTRU | JCTIONS |
|--------|---------|---------|
|--------|---------|---------|

| FOLLOW INSTRUCTIONS  |                        | DHSD FFF  | : \$9 A   | 0 RPRF FEE: \$1.00       |         |
|--|------------------------|---|-----------|--------------------------|---------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294  |                        | KAREN A.  |           |                          | •       |
| B. E-MAIL CONTACT AT FILER (optional)  |                        | במטע במוו   | NTU N     | ECORDER OF DEEDS         |         |
| SPRFiling@cscglobal.com  |                        |   |           |                          |         |
|  |                        | DATE: 05  | 716726    | 018 02:39 PM PG:         | 1 OF 6  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)  |                        |   |           |                          |         |
| 1466 66754   |                        | ئەپ <u>ئىلەرىدىنىد</u> ك  | ه خد خش   | - · <u></u>              |         |
| CSC<br>801 Adlai Stevenson Drive   |                        |   |           |                          |         |
| Springfield, IL 62707  | Filed In: Illinois     |   |           |                          |         |
|  | (Cook)                 |   |           |                          |         |
|  | (OOOK)                 |   |           |                          |         |
|  |                        | •   |           | R FILING OFFICE USE      |         |
| 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of nem 1b, 1nk, check here as   |                        | modify, or abbreviate any part of the ring information in item 10 of the Fina |           |                          |         |
| 1a. ORGANIZATION'S NAME JGJ ENTER RISES, IN  | С                      |   |           |                          |         |
| OR   |                        |   |           |                          |         |
| 1b. INDIVIDUAL'S SURNAME   | FIRST PERSONA          | AL NAME   | ADDITIO   | NAL NAME(\$)/INITIAL(\$) | SUFFIX  |
| 1c. MAILING ADDRESS 5150 WEST CHICAGO  | CITY                   |   | STATE     | POSTAL CODE              | COUNTRY |
|  | Chicago                |   | IL        | 60651                    | USA     |
| DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here are a  |                        | modify, or abbreviate any part of the<br>information in item 10 of the Fina   |           |                          |         |
| 2a, ORGANIZATION'S NAME DBA CITGO FUEL   | <del></del>            |   |           |                          |         |
| and the state of t | ' ()                   |   |           |                          |         |
| OR 2b. INDIVIDUAL'S SURNAME  | FIRST PEF SOLA         | LNIAME  | ماتاتاتات | NAL NAME(S)/INITIAL(S)   | SUFFIX  |
| 25. INDIVIDUAL 5 SURNAME   | FIRST PERSON           | IL IVAME  | ADDITIO   | NAC NAME(S)/INTTAC(S)    | SOFFIX  |
| 2c. MAILING ADDRESS 5150 WEST CHICAGO  | CITY                   |   | STATE     | POSTAL CODE              | COUNTRY |
| STOO WEST OF HOAGO   | CHICAGO                | 1/4   | IL        | 60651                    | USA     |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG  | NOR SECURED PARTY): Pm | wide only one Sect w. Party name  | (3a or 3h |                          |         |
| 3a. ORGANIZATION'S NAME State Bank and Trust Co  |                        | and drily who der ned dity hame   | (00 01 00 |                          |         |
| Otate Dank and Trust Oc  | ompany                 |   |           |                          |         |
| OR 3b. INDIVIDUAL'S SURNAME  | FIRST PERSONA          | LNAME   | OITIO     | NAL NAME(\$)/INITIAL(\$) | SUFFIX  |
|  |                        | A   | -/        |                          |         |
| 3c. MAILING ADDRESS 4885 Riverside Drive   | CITY                   |   | ST/ Tt    | POSTAL CODE              | COUNTRY |
| TOGO MIVEISIDE DIIVE   | Macon                  |   | GA        | 31210                    | USA     |
|  |                        |   |           |                          |         |
| 4. COLLATERAL: This financing statement covers the following collate SEE ATTACHED SCHEDIJI E A   | eral;                  |   | · ·       |                          |         |

**AGREEMENT #6128887** 

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| 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/Br                                  | uyer Bailee/Bailor Licensee/Licensor                       |
| 8. OPTIONAL FILER REFERENCE DATA: :6128887   | 1466 66754   |

1813616077 Page: 2 of 6

# **UNOFFICIAL COPY**

### UCC FINANCING STATEMENT ADDENDUM

| FOLLOWINSTRUCTIONS   |  |                        |                             |                 |                |
|--|--|------------------------|-----------------------------|-----------------|----------------|
| 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here | line 1b was feft blank                           | 7                      |                             |                 |                |
| 9a. ORGANIZATION'S NAME  |  | 1                      |                             |                 |                |
| JGJ ENTERPRISES, INC   |  |                        |                             |                 |                |
|  |  | 1                      |                             |                 |                |
| OR 9b. INDIVIDUAL'S SURNAME  |  | -                      |                             |                 |                |
|  |  |                        |                             |                 |                |
| FIRST PERSONAL N ME  |  |                        |                             |                 |                |
| ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX   | -                      |                             |                 |                |
|  |  | THE ABOVE              | SPACE IS FOR F              | ILING OFFICE I  | JSE ONLY       |
| 10. DEBTOR'S NAME: Provide (10a or 10L) only one additional Debtor name or   | Debtor name that did not fit                     |                        |                             |                 |                |
| do not omit, modify, or abbreviate any part of the Cotor's name) and enter the m   |  |                        | •                           | , , ,           |                |
| 10a. ORGANIZATION'S NAME   |  |                        |                             |                 |                |
| OR 10b. INDIVIDUAL'S SURNAME   |  |                        |                             |                 |                |
| 100. INDIVIDUALE CONTO TIVIL   |  |                        |                             |                 |                |
| INDIVIDUAL'S FIRST PERSONAL NAME   |  |                        |                             |                 |                |
| 0  |  |                        |                             |                 |                |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   | Z  |                        |                             |                 | SUFFIX         |
|  |  |                        |                             |                 |                |
| 10c. MAILING ADDRESS   | CITY   |                        | STATE POSTAL                | CODE            | COUNTRY        |
| 11. ADDITIONAL SECURED PARTY'S NAME of ASSIGN  | OR SECURED PART                                  | Y'S NAME: Provide      | only one name /11a o        | or 11h)         |                |
| 11a. ORGANIZATION'S NAME   | OK OZOGIKZO JAKI                                 | P C TO MALE. PTOVIGE S | only <u>one</u> name (Trace | 1110)           |                |
|  |  | 7_                     |                             |                 |                |
| OR 11b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME                              |                        | ADDITIONAL NAMI             | E(S)/INITIAL(S) | SUFFIX         |
| 11c. MAILING ADDRESS   | CITY   | 0.                     | STATE POSTAL                | CODE            | COUNTRY        |
|  |  |                        |                             |                 | <u> </u>       |
| 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  |  |                        |                             |                 |                |
|  |  |                        | 0.                          |                 |                |
|  |  |                        | ( ),                        |                 |                |
|  |  |                        |                             | Ç.              |                |
|  |  |                        |                             | C               |                |
|  |  |                        |                             | 0               |                |
|  |  |                        |                             |                 |                |
| 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)                | 14. This FINANCING STAT                          | , <del></del> ,        |                             |                 |                |
| 15. Name and address of a RECORD OWNER of real estate described in item 16   | covers timber to be 16. Description of real esta |                        | extracted collateral        | is filed as a   | fixture filing |
| (if Debtor does not have a record interest): KHALIL FATIMA   | SEE ATTACHED                                     |                        | OFTAIL REP                  | ORT & EXH       | IRIT A         |
| 5150 WEST CHICAGO AVENUE   |  | THOI ZITT              | SE ME RE                    | O111 G E7111    |                |
| CHICAGO, IL 60651  |  |                        |                             |                 |                |
| Office of the object   |  |                        |                             |                 |                |
|  |  |                        |                             |                 |                |
|  |  |                        |                             |                 |                |
|  |  |                        |                             |                 |                |
|  |  |                        |                             |                 |                |
|  |  |                        |                             |                 |                |
|  |  |                        |                             |                 |                |
| 17. MISCELLANEOUS:   |  |                        |                             |                 |                |

1813616077 Page: 3 of 6

# PATRIOT CAPITAL

## **UNOFFICIAL COPY**

### SCHEDULE A AGREEMENT NO. 6128887

This Schedule "A" is to be attached to and become part of Equipment Finance Agreement #6128887 dated May 15, 2018, between as ("Debtor") JGJ ENTERPRISES, INC. DBA CITGO FUEL and ("Creditor") STATE BANK AND TRUST COMPANY D/B/A PATRIOT CAPITAL.

#### SUPPLIER - DESCRIPTION OF THE EQUIPMENT

EQUIPMENT LOCATION: 5152 WEST CHICAGO, CHICAGO, IL 60651

SUPPLIER: SOURCE NORTH AMERICA - 510 S. WESTGATE DRIVE, ADDISON, IL 60101

380 - 2 INCH X 20 FOOT DU ALOY 3000/LCX COAXIAL DOUBLEWALL FIBERGLASS PIPE (ORDER IN 20 FOOT LENGTHS)

- 22 2 INCH PRIMARY 90 DEGREE ELBOW
- 8 2 INCH LCX CONTAINMENT 20 DEGREE ELBOW (2 PIECE)
- 16 2 INCH PRIMARY 45 DECREE ELBOW
- 14 2 INCH LCX CONTAINMENT 45 DEGREE ELBOW (2 PIECE)
- 6 2 INCH PRIMARY TEE
- 17 2 INCH PRIMARY SLEEVE COUPLING
- 10 2 INCH LCX CONTAINMENT COUPLING (2 PIECE)
- 8 2 INCH X 1-1/2 INCH PRIMARY REDUCER BUSHING
- 6 2 INCH PRIMARY ADAPTOR BELL X MALE NPT
- 27 PSX-20 8 OUNCE ADHESIVE KIT SINGLE
- 240 2 INCH X 20 FOOT DUALOY 3000/L SINGLEWALL FIREPGLASS PIPE TAPERED (ORDER IN 20 FOOT LENGTHS)
- 2 PIPING SUMP SENSOR 12 FOOT CABLE
- 4 18 INCH WITH 10 INCH BASE WATERTIGHT MANHOLE CAST IP JN COVER WITH 11-1/4 INCH SKIRT
- 4 4 INCH PROBE RISER CAP
- 6 EPOXY SEALING PACK
- 4 18 INCH BOLT DOWN MANHOLE WITH 10 INCH SKIRT
- 2 TITAN COMPOSITE MANHOLE
- 2 2 INCH DOUBLETRAC FLEX CONNECTOR 2 INCH MALE SWIVEL X 2 INCH NP FMALE 12 INCH LONG STAINLESS STEEL
- 2 2 INCH FULL PORT BRASS BALL VALVE
- 2 2 INCH ENTRY BOOT FITTING FOR DOUBLE WALL FLEXWORKS OR LCX
- 6-1/2 INCH 3/4 INCH 1 INCH CONDUIT ENTRY BOOT
- 2 2 INCH TEST BOOT
- 2 TEST LINE TERMINATION KIT
- 2 TEST GAUGE
- 2 DEFENDER SERIES DIRECT BURY SPILL BUCKETS SINGEL WALL FILL NPT WITH DRAIN
- 2-4 INCH FILL SWIVEL ADAPTOR BRASS
- 2 4 INCH E-85 TOP SEAL FILL CAP
- 2 DEFENDER SERIES DIRECT BURY SPILL BUCKETS SINGLE WALL VAPOR NPT NO DRAIN
- 2 4 INCH VAPOR SWIVEL ADAPTOR BRASS
- 2 4 INCH EPOXY COATED ALUMINUM EVR PHASE I CERTIFIED VAPOR RECOVERY CAP

#### **VERIFICATION**

This Equipment Schedule A is hereby verified as correct by the undersigned, who acknowledges receipt of a copy. The date of this Agreement set forth on page 1 above shall be for identification purposes only and shall not be construed to imply that this Agreement was executed on any date other than the respective dates of the acknowledgments of the parties."

| other than the respective date       | es of the acknowledgments of the parties. |
|--------------------------------------|---|
| DEBTOR: JGJ ENTERPRISES, INC. DBA CI | TGO FUEL                                  |
| <b>x</b> :                           |   |
| SIGNATURE: FATIMA KHALIL             |   |
| PRESIDENT                            |   |
| TITLE:                               | :   |
|                                      |   |
|                                      |   |
| DATE:                                | _   |

C/o/t/s C

NOTE: SIGNER OF THIS ADDENDUM MUST BE SAME AS ON FRONT OF AGREEMENT.

1813616077 Page: 4 of 6



## **UNOFFICIAL COPY**

SCHEDULE A AGREEMENT NO. 6128887

This Schedule "A" is to be attached to and become part of Equipment Finance Agreement #6128887 dated May 15, 2018, between as ("Debtor") JGJ ENTERPRISES, INC. DBA CITGO FUEL and ("Creditor") STATE BANK AND TRUST COMPANY D/B/A PATRIOT CAPITAL.

#### SUPPLIER – DESCRIPTION OF THE EQUIPMENT

EQUIPMENT LOCATION: 5152 WEST CHICAGO, CHICAGO, IL 60651

SUPPLIER: SOURCE NORTH AMERICA - 510 S. WESTGATE DRIVE, ADDISON, IL 60101

- 2 4 INCH X 4 INCH X 2 INCH X 2 INCH EXTRACTOR VENT VALVE ASSEMBLY WITHOUT CAGE
- 2 2 INCH DOUBLETRAC ILF. CONNECTOR 2 INCH FEMALE SWIVEL X 2 INCH NPT MALE 24 INCH LONG STAINLESS STEEL
- 2-36 INCH YELLOW JACKET HEAT SHRINK KIT
- 2 2 INCH THREAD-ON 2-1/2 INC 1 TO 6 INCH WATER COLUMN PRESSURE VACUUM VENT
- 2 12 INCH BOLT DOWN WATER GHT MONITORING WELL MANHOLE 11- 1/4 INCH SKIRT
- 4 REDUCED STEEL CONDUITLESS WAYNE OVATION FIBERGLASS DISPENSER SUMP
- 8 STABALIZER BAR KIT FOR RSC SERIES "VA" IE OVATION/BENNETT PACIFIC SUMP
- 8 1-1/2 INCH FEMALE EMERGENCY SHUT OF A VALVE
- 8 1-1/2 INCH DOUBLETTRAC FLEX CONNECTOR 1-1/2 INCH MALE SWIVEL X 1-1/2 INCH NPT MALE 18 INCH LONG STAINLESS STEEL
- 14 2 INCH TEST BOOT
- 6 TEST JUMPER WITH AIRSTEM CONNECTIONS
- 14 2 INCH LCX FRP PIPE FULL RING PASS-THRU FITTING
- 4-3 FOOT X 5 FOOT X 13 INCH STAINLESS STEEL ISLAND FORM 5 INCH RADIUS
- 8 ISLAND GUARD- STAINLESS STEEL 40 INCH X 53 INCH X 3 1/2 INCH OD SCH. 40 INVERTED U
- 1 15 OUNCE RED SPRAY PAINT
- 1 15 OUNCE WHITE SPRAY PAINT
- 1 15 OUNCE ORANGE SPRAY PAINT

EQUIPMENT LOCATION: 5152 WEST CHICAGO, CHICAGO, IL 60651

SUPPLIER: WORLD FUEL SERVICES, INC. - 555 W. BROWN DEER ROAD, FOX POINT, WI 33217

4 - OVATION2 3+0 W/IOTV,EMV,SECURE LOCKS, SMART SECURE ACCESS, VALANCE, AM5T/.R1MAGE

EQUIPMENT LOCATION: 5152 WEST CHICAGO, CHICAGO, IL 60651

SUPPLIER: BAADE MANAGEMENT CO, INC - 20 LN 325 LK JMS A-3, ANGOLA, IN 46703

8 - 40 x 100 COLUMN CANOPY, INCLUDES: (2) - VENTLINES 36" WHITE LAMINATED PANEL

EQUIPMENT LOCATION: 5152 WEST CHICAGO, CHICAGO, IL 60651

SUPPLIER: BETUNIA ELECTRICAL, INC - 8802 BIG SABLE POINT, FRANKFORT, IL 60423

24 - LED LIGHTS ON CANOPY

#### VERIFICATION

This Equipment Schedule A is hereby verified as correct by the undersigned, who acknowledges receipt of a copy. The late of this Agreement set forth on page 1 above shall be for identification purposes only and shall not be construed to imply that this Agreement was executed on any date other than the respective dates of the acknowledgments of the parties."

| DEBTOR: JGJ ENTERPRISES, INC. DBA CITGO FUEL |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| х:   |  |  |  |  |  |  |
| SIGNATURE: FATIMA KHALIL                     |  |  |  |  |  |  |
| PRESIDENT                                    |  |  |  |  |  |  |
| TITLE:                                       |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| DATE:  |  |  |  |  |  |  |

C/O/H/SC

NOTE: SIGNER OF THIS ADDENDUM MUST BE SAME AS ON FRONT OF AGREEMENT.

1200 ASHWOOD PARKWAY, SUITE 570 | ATLANTA | GA 30338



## **Property Detail Report**

For Property Located At : 5152 W CHICAGO AVE, CHICAGO, IL 60651-2903



| Owner Information   | Π                                  |   |   |   |  |                              | · ·   |
|---|------------------------------------|---|---|---|--|------------------------------|---|
| Owner Name:<br>Mailing Address:<br>Vesting Codes:   |                                    | KHALIL FATIMA<br>5150 W CHICAGO AVE, CHICAGO IL 60651-2903 C035<br>// |   |   |  |                              |   |
| Location Informat   | ion                                |   |   |   |  |                              |   |
| Legal Description: County: Census Tract / Block: Township-Range-Sect: Legal Book/Page: Legal Lot: Legal Block: Market Area: | 0                                  | COOK, II<br>2511.00 /<br>39-13-04<br>23-27<br>3                       | 3   | APN: Alternate APN: Subdivision: Map Reference: Tract #: School District: School District Nam | ne:  | HOGEN<br>018-25-<br>299 CH   | 23-040-0000<br>ISON SCHMIDTS LINDEN<br>06 / 39-13-04SE<br>ICAGO CITY SD |
| Neighbor Code:  | OA                                 |   |   | Munic/Township:   |  | WEST                         | CHICAGO   |
| Owner Transfer In Recording/Sale Date: Sale Price: Document #:  | format'an                          | 03/14/200<br>\$700 000<br>7355/03                                     | 06 / 03/10/2006<br>)  | Deed Type:<br>1st Mtg Document #  | <b>¥</b> :   | WARRA<br>733540              | ANTY DEED<br>4  |
| Last Market Sale I  | nformation                         |   |   |   |  |                              |   |
| Recording/Sale Date:<br>Sale Price:<br>Sale Type:<br>Document #:  |                                    | 07/13/19(<br>\$22,358,5<br>599320                                     | (8 / 36/18/1998<br>500  | 1st Mtg Amount/Typ<br>1st Mtg Int. Rate/Ty<br>1st Mtg Document ∮<br>2nd Mtg Amount/Ty         | pe:<br>#:  | 1                            |   |
| Deed Type: Transfer Document #: New Construction:   |                                    | GRANT I   | DEED  | 2nd Mtg Int. Rate/Ty<br>Price Per SqFt:<br>Multi/Split Sale:                                  |  | /<br>/<br>\$8,943.<br>MULTIF | · ·   |
| Title Company:<br>Lender:<br>Seller Name:   |                                    | SHELL C   | O TITLE CO.<br>DIL CO   | C   |  |                              |   |
| Prior Sale Informa  | ition                              |   |   | 0/,   |  |                              |   |
| Prior Rec/Sale Date: Prior Sale Price: Prior Doc Number: Prior Deed Type:   |                                    | 1   |   | Priot Lender:<br>Priot fist Mtg Amt/Ty<br>Priot 1st Mtg Rate/I                                |  | <i>I</i>                     |   |
| Property Characte   | ristics                            |   |   | (   |  |                              |   |
| Year Built / Eff: Gross Area: Building Area: Tot Adj Area: Above Grade: # of Stories: Other Improvements:                   | 1973 /<br>2,500<br>2,500           |   | Total Rooms/Offices Total Restrooms: Roof Type: Roof Material: Construction: Foundation: Exterior wall: |   | Carcge Area: Garage Capacit Parking Spaces Heat Typa: Air Cond: Pool: Quality: |                              |   |
|   |                                    |   | Basement Area:  |   | Condition:   |                              | \$c.  |
| Site Information  |                                    |   |   | 0.00  | A  |                              | 000000000000000000000000000000000000000                                 |
| Zoning:<br>Lot Area:<br>Land Use:<br>Site Influence:  | 50<br>17,087<br>SERVICE ST         | TATION  | Acres:<br>Lot Width/Depth:<br>Commercial Units:<br>Sewer Type:  | 0.39<br>x   | County Use:<br>State Use:<br>Water Type:<br>Building Class:                    |                              | COM(4 3 AS STATION (5-23)   |
| Tax Information   |                                    |   |   |   |  |                              |   |
| Total Value:<br>Land Value:<br>Improvement Value:<br>Total Taxable Value:   | \$150,345<br>\$34,454<br>\$115,891 |   | Assessed Year:<br>Improved %:<br>Tax Year:  | 2016<br>77%<br>2016   | Property Tax:<br>Tax Area:<br>Tax Exemption:                                   |                              | \$34,465.94<br>77098  |

## UNOFFICIAL COPY

# EXHIBIT "A" COOK COUNTY, ILLINOIS

<u>Tract 75. - 5150 W Chicago, Chicago, COOK, WIC 212-1545-4402</u> Tax Parcel # 16-04-423-040

LOTS 23 TO 27 IN BLOCK 3 IN HOGENSON AND SCHMIDT'S ADDITION TO LINDEN PARK A SUBDIVISION OF THE WEST HALF OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPL MERIDIAN, IN COOK COUNTY, ILLINOIS

CCCROUNTY
RECORDER OF DEEDS

9859932