

# UNOFFICIAL COPY



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Doc# 1815040007 Fee \$40.00

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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/30/2018 03:32 PM PG: 1 OF 2

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Elderlife Financial Lending, LLC - 202-499-4716</b>
B. E-MAIL CONTACT AT FILER (optional) <b>uccfiling@elderlifefinancial.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>ELDERLIFE FINANCIAL LENDING, LLC ATTN: LEGAL DEPARTMENT 7529 STANDISH PLACE, SUITE 300 ROCKVILLE, MD 20855</b>

18029101

WHEN RECORDED RETURN TO:  
**OLD REPUBLIC TITLE  
 ATTN: POST CLOSING  
 530 SOUTH MAIN STREET  
 SUITE 1031  
 AKRON, OH 44311**

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 <b>Fitzsimmons</b>	FIRST PERSONAL NAME <b>Darlene</b>	ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
1c. MAILING ADDRESS <b>424 S. 9th Ave</b>		CITY <b>LaGrange</b>	STATE   POSTAL CODE   COUNTRY <b>IL   60525   USA</b>

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 <b>USA</b>

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 <b>ELDERLIFE FINANCIAL LENDING, LLC</b>			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
3c. MAILING ADDRESS <b>7529 STANDISH PLACE, SUITE 300</b>		CITY <b>ROCKVILLE</b>	STATE   POSTAL CODE   COUNTRY <b>MD   20855   USA</b>

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

424 9TH AVE  
La Grange IL 60525

PARCEL ID: 18-04-422-020-0000

LEGAL DESCRIPTION:

Property located in the county of Cook, state of Illinois:

Lot 7 in block 23 in Leiters third addition to La Grange, being a subdivision in the southeast quarter of section 4, township 38 north, range 12, east of the third principal meridian, situated in the village of La Grange, in the county of Cook, in the state of Illinois

Original Loan Amount: \$40,000.00

Pursuant to the Memorandum of Agreement dated 04/24/2018, whereby Darlene Fitzsimmons (borrower(s)) promise to pay the total sum due under the Promissory Note borrowers have with Elderlife Financial Lending, LLC with the proceeds of the sale or refinancing of the above referenced subject property.

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

S Y  
 P 2  
 S N  
 M N  
 SC Y  
 E Y  
 INT RE

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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

Fitzsimmons

FIRST PERSONAL NAME

Darlene

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:

424 9TH AVE

La Grange IL 60525

PARCEL ID: 18-04-422-020-0000

LEGAL DESCRIPTION:

Property located in the county of Cook, state of Illinois:

Lot 7 in block 23 in Leiters third addition to La Grange, being a subdivision in the southeast quarter of section 4, township 38 north, range 12, east of the third principal meridian, situated in the village of La Grange, in the county of Cook, in the state of Illinois

17. MISCELLANEOUS: