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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		*1820445069* Doc# 1820445069 Fee \$40.00			
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com		KAREN A.YAI	RBROUGH		i
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1495 86931 CSC 801 Adlai Stevenson Drive	ed In: Illinois			DER OF DEEDS 03:15 PM PG: 1 C)F 2
	(Cook)	THE ABOVE SPA	CE IS FO	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide on', one Debtor name (1a or 1b) (use exact, ful name will not fit in line 1b, leave all of item 1 bl ink, check here and provide 1a. ORGANIZATION'S NAME	I name; do not omit, modify, or a e the Individual Debtor informatio				
OR 1b. INDIVIDUAL'S SURNAME Martinez	FIRST PERSONAL NAME Mathew		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1925 Governors Ln	CITY Hoffman Estates		STATE	POSTAL CODE 60169	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide and provide item 2 blank, check here.	Iname: do not omit, modify, or a				
2a. ORGANIZATION'S NAME	C				
2b. INDIVIDUAL'S SURNAME Martinez	FIRST PEF SON AL NAME Irene		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 1925 Governors Ln	Hoffman Estate 5		STATE IL	POSTAL CODE 60169	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 3a. ORGANIZATION'S NAME Foundation Finance Company	URED PARTY): Provide only on	e Serured Party name	e (3a or 3t)	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		OITIDG!\	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 7802 Meadow Rock Drive	CITY Weston		STATE WI	POSTAL CODE	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: Doors MATHEW MARTINEZ IRENE MARTINEZ 1925 Governors Ln Hoffman Estates, IL 60169		•		Tri-Co	

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/E	Buyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :1-277425-1	1495 86931

1820445069 Page: 2 of 2

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UCC FINANCING STATEMENT ADDENDUM

Sa. ORGANIZATION'S NAME Martinez FIRST PERSONAL ** ME Mathew ADDITIONAL NAME(S)INITIAL S). THE ABOVE SPACE IS FOR FILING OFFICE USE: 10. DEBTOR'S NAME: Provide (10a or 10b) or ** one subterviate any part of the Schlor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) STATE POSTAL CODE CC 11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED ** ARTY'S NAME: Provide only one name (11a or 11b)					
Martinez FIRST PERSONAL *. ME Mathew ADDITIONAL NAME(S)/INITIAL'S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE: 10. DEBTOR'S NAME: Provide (10a or 10b, or wigne additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact do not omit, modify, or abbreviate any part or the factors name) and enter the mailling address in line 10c 10a. ORGANIZATION'S NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SU 10c. MAILING ADDRESS CITY STATE POSTAL CODE CC 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED *ARTY'S NAME: Provide only one name (11a or 11b)					
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ADDITIONAL NAME(S)/INITIAL (3) THE ABOVE SPACE IS FOR FILING OFFICE USE. 10. DEBTOR'S NAME: Provide (10a or 10b, or					
THE ABOVE SPACE IS FOR FILING OFFICE USE. 10. DEBTOR'S NAME: Provide (10a or '0b, or wone additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact do not omit, modify, or abbreviate any part of the Fuebor's name) and enter the mailling address in line 10c. 10a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS CITY STATE POSTAL CODE CONTINUED ONLY ONE name (11a or 11b)					
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10c. MAILING ADDRESS CITY STATE POSTAL CODE CO 11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED ARTY'S NAME: Provide only one name (11a or 11b)	<u> </u>				
10c. MAILING ADDRESS CITY STATE POSTAL CODE 11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)	JFFIX				
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED ARTY'S NAME: Provide only one name (11a or 11b)					
	DUNTRY				
THE COUNTY TO THE					
OR	IEELV				
The individual's surname Additional Name(s)/initial(s) Surname Add	JFFIX				
11c. MAILING ADDRESS CITY STATE POSTAL CODE CC	UNTRY				
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)					
Covers tillibel to be cut. Covers as-extracted collateral VI is filed as a fixture	e filing				
15. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest): Unit number 1 area 18 in lot 11 in barrington square unit 1, I	heina a				
IRENE MARTINEZ Unit number 1 area 18 in lot 11 in barrington square unit 1, if subdivision of part of the northeast 1/4 of section 7, townshi					
1925 Governors Ln north, range 10, east of the third principal meridian, according	ng to				
	the plat thereof recorded November 14, 1969 as document				
21013529, in cook county, Illinois. APN: 07-07-202-032-0000					
17. MISCELLANEOUS:					