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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/02/2018 03:10 PM PG: 1 OF 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1529 38468 CSC 801 Adlai Stevenson Drive Springfield, IL 62707	Filed In: Illinois (Cook)

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 JONES		FIRST PERSONAL NAME JAMES	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 8200 South Albany Avenue		CITY Chicago	STATE IL	POSTAL CODE 60652	COUNTRY USA

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 JONES		FIRST PERSONAL NAME MICHELLE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 8200 South Albany Avenue		CITY Chicago	STATE IL	POSTAL CODE 60652	COUNTRY USA

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 Foundation Finance Company LLC					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 7802 Meadow Rock Drive		CITY Weston	STATE WI	POSTAL CODE 54476	COUNTRY USA

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

Door, Gutters, Siding, Trim
JAMES JONES
MICHELLE JONES
8200 South Albany Avenue
Chicago, IL 60652

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: ;1-555337-1

1529 38468

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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

JONES

FIRST PERSONAL NAME

JAMES

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):

JAMES JONES
MICHELLE JONES
8200 South Albany Avenue
Chicago, IL 60652

16. Description of real estate:

Legal Description: L1 & N8FT L2 B6 ALBERTA PARK ADDT S
W1/4 NW1/4 S36 T38N R13E
County: COOK, IL APN: 19-36-125-059-0000
Census Tract / Block: 7005.01 / 5
Township-Range-Sect: 38-13-36 Subdivision: ALBERTA PARK
Map Reference: 036-66-16 / 38-13-36NW
Legal Lot: 1
Legal Block: 6 School District: 299 CHICAGO CITY SD
School District Name: 299 CHICAGO CITY SD

17. MISCELLANEOUS:

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Legal Description:

Lot 1 and the North 8 feet of Lot 2 in Block 6 in Alberta Park Addition, being a subdivision of the south west ¼ of the north west ¼ of Section 36, Township 38 North, Range 13, east of the Third Principal meridian, in Cook County, Illinois.

Permanent Index #: 19-36-125-059-0000

Permanent Address: 8200 S Albany Ave., Chicago, IL 60652

Property of Cook County Clerk's Office

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