	Doc# 183444205	59 Fee \$	44.25		
UCC FINANCING STATEMENT					
FOLLOW INSTRUCTIONS	RHSP FEE:\$9.00 RPRF FEE: \$1.00				
NAME & PHONE OF CONTACT AT FILER (optional) Fiderlife Financial Lending LLC 988 238 4500					
Elderlife Financial Lending, LLC - 888-228-4500 B. E-MAIL CONTACT AT FILER (optional)	COOK COUNTY RECORD	ER OF DEED	S		
uccfiling@elderlifefinancial.com	DATE: 12/10/2018 1	.1:05 AM P	G: 1 OF 3		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
ELDERLIFE FINANCIAL LENDING, LLC ATTN: LEGAL DEPARTMENT WHEN RECO 7529 STANDISH PLACE, SUITE 300 OLD REI ROCKVILLE, MD 20855 530 SOUTE SU			R FILING OFFICE USE (
name will not fit in line 1b, leave all of .cm 1 blank, check here and provide the and provide the lateral and provide the lat	he Individual Debtor information in item 10 of t	he Financing Sta	atement Addendum (Form UC	CC1Ad)	
OR 1b. INDIVIDUAL'S SURNAME	EIROT OFFICE	Laborato			
Taibl	FIRST PERSONAL NAME Robert	E	NAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS	CITY			COUNTRY	
2200 S Mayfair Ave	West Chester	IL	60154	USA	
2a. ÖRGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME	e ' dividual Debtor information in item 10 of t		NAL NAME(S)/INITIAL(S)	SUFFIX	
	6/2				
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED)	RED PARTY): Provide only one Secured Party	name (3a or 3b)	-	
3a. ORGANIZATION'S NAME ELDERLIFE FINANCIAL LENDING, LLO					
35. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	16	NAL NAME(S)/INITIAL(S)	SUFFIX	
7529 STANDISH PLACE, SUITE 300	ROCKVILLE	MD	POSTAL CODE 20855	USA	
COLLATERAL: This financing statement covers the following collateral: 200 Mayfair Ave					

6a. 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/Buyer

Bailee/Bailor

Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

being administered by a Decedent's Personal Representative

5. Check only if applicable and check only one box: Collateral is **X** held in a Trust (see UCC1Ad, item 17 and Instructions)

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
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 left blank	\neg				
9a. ORGANIZATION'S NAME						
OR 9b. INDIVIDUAL'S SURNAME						
Taibl FIRST PERSONAL NAME	<u>.</u>					
Robert						
ADDITIONAL NAME(S)/INITIALIS)	SUFFIX					
10. DEBTOR'S NAME: Provide (10a or re" only one additional Debtor name or	Dahiar mana that did and			S FOR FILING OFFICE		
do not omit, modify, or abbreviate any part of the Option's name) and enter the m		tit in line 15 or 25 of the F	inancing S	tatement (Form OCC1) (use	exact, full name;	
10a, ORGANIZATION'S NAME		-				
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u>Z</u>				SUFFIX	
4						
10c. MAILING ADDRESS	CITY	•	STATE	POSTAL CODE	COUNTRY	
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNO	DR SECURED PAR	TY'S NAME: Provide o	nly <u>one</u> na	.l ame (11a or 11b)		
11a. ORGANIZATION'S NAME		Х,				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	DE .	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
		<u>C'/</u>				
11c. MAILING ADDRESS	CITY	(0)	STATE	POSTAL CODE	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			.0	1		
			0.			
				Ó		
13. [7] This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING S	ATEMENT:				
15. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to		extracted (collateral 🚺 is filed as a	a fixture filing	
(if Debtor does not have a record interest):	2200 Mayfair Av					
	WestchesterIL60154 PARCEL ID: 15-29-106-009-0000					
	LEGAL DESCRIPTION:					
	A PARCEL OF LAND LOCATED IN THE STATE OF ILLINOIS, COUNTY OF COOK, WITH A SITUS ADDRESS OF 2200 MAYFAIR AVE,					
	WESTCHESTE	VESTCHESTER, IL 60154-5042 CURRENTLY OWNED BY TAIBL				
	CATHERINE HAVING A TAX ASSESSOR NUMBER OF 15-29- 0000 AND DESCRIBED IN DOCUMENT NUMBER 16054003 DA					
04/19/2010 AND RECORDED 06/09/2010.						
17. MISCELLANEOUS:						

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Legal Description

Lot 1 IN BLOCK 1 IN MARTINDALE ESTATES, BEING A SUBDIVISION OF PART OF THE NORTH WEST ¼ OF SECTION 29, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of County Clerk's Office