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1904517120

Doc# 1904517120 Fee \$44.25

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Elderlife Financial Lending, LLC - 888-228-4500

B. E-MAIL CONTACT AT FILER (optional)
uccfiling@elderlifefinancial.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

ELDERLIFE FINANCIAL LENDING, LLC ATTN: LEGAL DEPARTMENT 7529 STANDISH PLACE, SUITE 300 ROCKVILLE, MD 20855 18069531	WHEN RECORDED RETURN TO: OLD REPUBLIC TITLE ATTN: POST CLOSING 530 SOUTH MAIN STREET SUITE 1031 AKRON, OH 44311
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RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD M. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 02/14/2019 03:31 PM PG: 1 OF 3

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	Dulleck	Eileen			
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1759 35th St		Oak Brook	IL	60520	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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	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					
ELDERLIFE FINANCIAL LENDING, LLC					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
7529 STANDISH PLACE, SUITE 300		ROCKVILLE	MD	20855	USA

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

3301 W Pratt Ave
Lincolnwood IL 60712
PARCEL ID: 10-35-425-013-0000
LEGAL DESCRIPTION:
See attached document.

Original Loan Amount: \$25,000.00

Pursuant to the Memorandum of Agreement dated 12/12/2018, whereby The Cosmopolitan National Bank of Chicago, Trustee of the Trust Agreement dated July 16, 1985, Trust No. 27520 (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 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

S 1
P 3
S N
M
SC
E
INT

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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

Dulleck

FIRST PERSONAL NAME

Eileen

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:

**3301 W Pratt Ave
Lincolnwood IL 60712
PARCEL ID: 10-35-425-013-0000
LEGAL DESCRIPTION:
See attached document.**

17. MISCELLANEOUS:

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Legal Description

Lot 73 in Range Village Unit 2, in Lincolnwood, a subdivision of the north ½ of the northeast ¼ of the southeast ¼ of the northeast (except the east 660 feet thereof) in section 35, township 41 north, range 13 east of the third principal meridian, in Cook County, Illinois.

Commonly known as: 3301 W. Pratt Ave, Lincolnwood, IL 60712

Permanent Index number: 10-35-425-013-0000

Property of Cook County Clerk's Office