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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Silver Hill Funding, LLC	\neg
4425 Ponce de Leon Blvd., 5th Floor Coral Gables, ⁷ L 33146	
LCT 19CSA022020P lonPle	

	※ 198	801	3й4йж	

Doc# 1908013040 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 03/21/2019 10:46 AM PG: 1 OF 3

	Coral Gables, 7 L 33146					
L	-CT 19CSA022020P lonPle		THE ABOVE SF	ACE IS FO	R FILING OFFICE USE	ONLY
	DEBTOR'S NAME: Provide only ne (ebtor name (1a or 1b) (use exact, full					
	1a. ORGANIZATION'S NAME Legends Accounts, LLC					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1. DEBTOR'S NAME: Provide only ne if ebtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name name with not fit in line 1b, leave all of item obtank, check here and provide the Individual Debtor information in item 10 of the Financing Statemer la. OR and provide the Individual Debtor information in item 10 of the Financing Statemer la. OR la. ORGANIZATION'S NAME Legends Accounts, LLC 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL Name ADDITI	POSTAL CODE	COUNTRY				
75	564 NW 113th Ave	ame (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; identify and part of the Debtor's name); if any part of the Individual Debtor's name; if an				
0	ame will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME					
OR ·	2b. INDIVIDUAL'S SURNAME	FIRST PER JON 1	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c.	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY BTOR'S NAME: Provide only one (lebtor name (1a or 1b) (use exact, full name, do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) a. ORGANIZATION'S NAME - Legends Accounts, LLC b. INDIVIDUAL'S SURNAME - Parkland - THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY BTOR'S NAME (leave all of item, bit are, bear all of item) and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact fell value) BTOR'S NAME: Provide only one Debtor name (2a or 2b) (u	COUNTRY				
3. S		URED PARTY): Pro	vide only one Secreta Party na	ime (3a or 3	o)	
			C/2			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS	CITY		STA IE	POSTAL CODE	COUNTRY
44	425 Ponce de Leon Blvd., 5th Floor	Coral Gab	les	FL	63146	USA
ΑI	COLLATERAL: This financing statement covers the following collateral: I inventory, equipment, accounts (including but not limited to all promissions notes), letter of credit right					

All inventory, equipment, accounts (including but not limited to all health-care-insurance receivables), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, invesument property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and aii rayment intangibles) relating to the real property described on Exhibit A attached hereto and made a part hereof (the Property); all oil, gas and other minerals before extraction relating to the Property; all oil, gas, other minerals and accounts constituting as-extracted collateral relating to the Property; all fixtures relating to the Property; all timber to be cut relating to the Property; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled goods relating to the Property; and all additions, replacements of and substitutions for all or any part of the Property; all insurance refunds relating to the Property; all good will relating to the Property; all records and data and embedded software relating to the Property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the Property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the Property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the 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:	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 Setter/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
FIXTURE FILING TO BE RECORDED IN THE COUNTY PUBLIC RECORDS	



1908013040 Page: 2 of 3

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UCC FINANCING STATEMENT ADDENDUM

10c. MAILING ADDRESS CITY STATE POSTAL CODE CO 11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURE PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME CITY STATE POSTAL CODE CO 11c. MAILING ADDRESS CITY STATE POSTAL CODE CO 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	
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13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	
A covers under to be cut A covers as-extracted collateral A 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: Exhibit A.	
EXHIBIT A.	
17. MISCELLANEOUS:	

1908013040 Page: 3 of 3

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LEGA.

: 19CSA0220290P

30-31-315-033-0000, and 30-31
31, 2 AND 3 IN FREDERICK H. RAWSON'S SUBDIVISION OF CCK 5 IN BARNUM GROVE SUBDIVISION OF THE SOUTH 42.7 ACR. E NORTHEAST THE OF SECTION 21, TOWNSHIP 38, NORTH, RANGE THINCIPAL MERIDIAN, IN COOK.COUNTY, ILLINOIS.

Property Marcus: 244 W. Marquehe Rd Chicago IL (Wash)