## UNOFFICIAL COPY

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Doc# 19	*19 25616	25616051* 5051 Fee \$88.1	<b>  </b>
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	RHSP FEE:\$9.00 RPRF FEE: \$1.00 EDHARD M. MOODY COOK COUNTY RECORDER OF DEEDS DATE: 09/13/2019 02:50 PM PG: 1 OF 2				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
1696 46589 CSC 801 Adlai Stevenson Drive Springfield, IL 6270°	Filed In: Illinois (Cook)	· · · · · · · · · · · · · · · · · · ·	- v. alia an-		. or 2
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use e				R FILING OFFICE USE	
1a. ORGANIZATION'S NAME  OR  1b. INDIVIDUAL'S SURNAME	provide the Individual Debtor inform		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
RIOS	BERTHA		A COUNTY		
c. MAILING ADDRESS 10424 S AVENUE E	CHICAGO		STATE <b>IL</b>	POSTAL CODE 60617	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use expanse will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME	ken, full name; do not omit, modify, provide fue individual Debtor inform				
OR 25. INDIVIDUAL'S SURNAME	FIRST PER SON AL NAME	FIRST PEPSON AL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
tc. MAILING ADDRESS	CITY	Х,	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNE 3a. ORGANIZATION'S NAME FOUNDATION FINANCE COMP		y <u>one</u> Sec'∵eo <sup>Q</sup> arty name	(3a or 3b	)	
DR 35. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	0/2	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS 7802 Meadow Rock Drive	сіту Weston		STATE VVI	POSTAL CODE 51476	COUNTRY
COLLATERAL: This financing statement covers the following collateral WINDOWS BERTHA A RIOS 10424 S AVENUE E CHICAGO IL 60617				Office of the second	

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:: 1-572702-1/60000987

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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						
8						
RIOS						
FIRST PERSONAL N ME BERTHA						
ADDITIONAL NAME(S)/(NIT.ALLS) A	SUFF		/E SPACE	IS FOR FILING OFFICE	USE ONLY	
0. DEBTOR'S NAME: Provide (10a or (0⊾) unly one additional Debt do not omit, modify, or abbreviate any part of '.ie € otor's name) and			e Financing (	Statement (Form UCC1) (use	e exact, full nam	
10a. ORGANIZATION'S NAME						
R 10b, INDIVIDUAL'S SURNAME	)					
INDIVIDUAL'S FIRST PERSONAL NAME	0					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7				SUFFIX	
ic. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
ADDITIONAL SECURED PARTY'S NAME or 1/2 / 11a. ORGANIZATION'S NAME	ASSIGNOR SECUREO	ARTY'S NAME: Provid	e only <u>one</u> n	ame (11a or 11b)		
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX	
Ic. MAILING ADDRESS	CITY	<u>C)</u>	STATE	POSTAL CODE	COUNTRY	
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		Cy	5		<u> </u>	
			<b>'</b> S	O <sub>FF</sub>		
This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	covers time	per to be cut covers a	as-extracted	collateral 🚺 is filed as a	a fixture filing	
5. Name and address of a RECORD OWNER of real estate described in it (if Debtor does not have a record interest): BERTHA A RIOS 10424 S AVENUE E CHICAGO IL 60617	LOT 9 (EXC AND NORTI IRONWORK SUBDIVISION SECTION 8, PRINCIPAL APN: 26-08-	eal estate: EPT THE NORTH H 1 FOOT OF LO' IER'S ADDITION ON OF SOUTH FF TOWNSHIP 37 N MERIDIAN, IN CO 403-032-0000 VNSHIP: HYDE P	T 11 IN TO SOL RACTIOI N, RANC DOK CO	BLOCK 23 IN JTH CHICAGO, A NAL'S 1/2 OF FR SE 15, EAST OF	ACTIONA	