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AKRON, OH 44311



Doc# 1931728034 Fee \$93.00

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 6 MONTGOMERY VILLAGE AVENUE, SUITE 410 GAITHERSBURG, MD 20879 19069291

RHSP FEE:\$9.00 RPRF FEE: \$1.00
EDWARD M. HOODY
COOK COUNTY RECORDER OF DEEDS
DATE: 11/13/2019 03:04 PM PG: 1 OF 2

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 Vinnedge	FIRST PERSONAL NAME William	ADDITIONAL NAME(S)/INITIAL(S) Robert	SUFFIX
1c. MAILING ADDRESS 419 Potomac Lane		CITY Elk grove Village	STATE IL	POSTAL CODE 60007
			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	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 6 MONTGOMERY VILLAGE AVENUE, SUITE 410		CITY GAITHERSBURG	STATE MD	POSTAL CODE 20879
			COUNTRY USA	

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

All Fixtures appurtenant to:
419 Potomac Lane
Elk Grove Village IL 60007
PARCEL ID: 07-26-411-002-0000
LEGAL DESCRIPTION:
A PARCEL OF LAND LOCATED IN THE STATE OF ILLINOIS, COUNTY OF COOK, WITH A SITUS ADDRESS OF 419 POTOMAC LN, ELK GROVE VILLAGE, IL 60007-2763 CURRENTLY OWNED BY VINNEDGE W ROBERT HAVING A TAX ASSESSOR NUMBER OF 07-26-411-002-0000 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS LOT 116 IN WINSTON GROVE SECTION 23 A OF SEC25+ T41N R10E 3P AND DESCRIBED IN DOCUMENT NUMBER 564557 DATED 11/1986 AND RECORDED 11/26/1986.
Original Loan Amount: \$27,400.00

Pursuant to the Memorandum of Agreement dated 08/30/2019, whereby William Robert Vinnedge (borrower(s)) promise to pay the total sum due under the Promissory Note borrowers have with Eldertime Financial Lending, LLC with the proceeds of the sale or refinancing of the above referenced subject property.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	S <u>Y</u>
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	P <u>2</u>
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	S <u>N</u>
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	M <u>Y</u>
8. OPTIONAL FILER REFERENCE DATA:	SC <u>Y</u>

S Y
P 2
S N
M Y
SC Y
E Y
INT DR

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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

Vinnedge

FIRST PERSONAL NAME

William

ADDITIONAL NAME(S)/INITIAL(S)

Robert

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:

**419 Potomac Lane
Elk Grove Village IL 60007
PARCEL ID: 07-26-411-002-0000**

LEGAL DESCRIPTION:

A PARCEL OF LAND LOCATED IN THE STATE OF ILLINOIS, COUNTY OF COOK, WITH A SITUS ADDRESS OF 419 POTOMAC LN, ELK GROVE VILLAGE, IL 60007-2763 CURRENTLY OWNED BY VINNEDGE W ROBERT HAVING A TAX ASSESSOR NUMBER OF 07-26-411-002-0000 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS LOT 116 IN WINSTON GROVE SECTION 23 A OF SEC25+ T4IN R10E 3P AND DESCRIBED IN DOCUMENT NUMBER 564557 DATED 11/1986 AND RECORDED 11/26/1986.

17. MISCELLANEOUS: