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\*1934628015\*

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Doc# 1934628015 Fee \$93.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 12/12/2019 12:29 PM PG: 1 OF 3

A. NAME & PHONE OF CONTACT AT FILER (optional)  
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)  
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 37721 - Cadence Bank

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	72617397 ILIL FIXTURE
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File with: Cook, IL

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 JACKSON		FIRST PERSONAL NAME AMANDA	ADDITIONAL NAME(S)/INITIAL(S) W	SUFFIX	
1c. MAILING ADDRESS 342 PAXTON AVE			CITY CALUMET CITY	STATE IL	POSTAL CODE 60409-1701	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

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 CADENCE BANK, N.A.						
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 4219 FORSYTH RD			CITY MACON	STATE GA	POSTAL CODE 31210	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
ROOFING - FIXTURES

S Y  
P 3  
S N  
M Y  
SC Y  
E Y  
INT DRC

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

6b. Check only if applicable and check only one box:  
 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:  
72617397 1372354

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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	
JACKSON	
FIRST PERSONAL NAME	
AMANDA	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
W	

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):

JOHN JACKSON  
342 PAXTON AVE  
CALUMET CITY, IL 60409-1701

16. Description of real estate:

Parcel ID:  
APN: 29-12-115-046-0000

BORROWER: AMANDA W. JACKSON

OTHER HOME OWNER: JOHN JACKSON  
Legal Description: S15ft L12 & L13 & L14 Xs5ft B8  
Calu Met Center Addt E1/2 Nw1/4 S12 T36n  
[ See Exhibit for Real Estate ]

17. MISCELLANEOUS: 72617397-IL-31 37721 - Cadence Bank CADENCE BANK, N.A. File with: Cook, IL 1372354

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**Debtor:** JACKSON, AMANDA, W

## Exhibit for Real Estate

**16. Description of real estate:** Continued

R15eCounty:Cook, IL

APN:29-12-115-046-0000Alternate APN:

29-12-115-046-0000

Census Tract / Block:825802 / 1012

Munic /

Twnsnp:ThorntonTwnsnp-Rng-Sec:36N-14E-12Legal Lot

/ Block:12 | 14 / 8

Subdivision:Cryers Calumet CenterTract #:Legal Book /

Page:

Property Description: A PARCEL OF LAND LOCATED IN THE STATE OF IL, COUNTY OF COOK, WITH A SITUS ADDRESS OF 342 FAXTON AVE, CALUMET CITY IL 60409-1701 C022 CURRENTLY OWNED BY JACKSON JOHN / JACKSON AMANDA HAVING A TAX ASSESSOR NUMBER OF 29-12-115-046-0000 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS S15FT L12 & L13 & L14 X S5FT B8 CALU MET CENTER ADDT E1/2 NW1/4 S12 T36N R15E AND DESCRIBED IN DOCUMENT NUMBER [N/A] DATED [N/A] AND RECORDED [N/A].

Office