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EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 01/09/2020 04:41 PM PG: 1 OF 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) AMANDA BEERS 800-392-8308 *5
B. E-MAIL CONTACT AT FILER (optional) AMANDA.BEERS@ALORICA.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) SUNTRUST BANK 4315 PICKETT RD ST. JOSEPH, MO 64503

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 RAHIM	FIRST PERSONAL NAME MIR	ADDITIONAL NAME(S)/INITIAL(S) S	SUFFIX
1c. MAILING ADDRESS 7510 TRIPP AVE	CITY SKOKIE	STATE IL	POSTAL CODE 60076	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 SUNTRUST BANK				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 4315 PICKETT RD	CITY ST. JOSEPH	STATE MO	POSTAL CODE 64503	COUNTRY USA

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

DETACHED GARAGE-FIXTURE FILING

THE FOLLOWING PROPERTY IS SITUATED IN SKOKIE, COUNTY OF COOK, STATE OF ILLINOIS
 TO WIT: LOT 25 AND THE SOUTH 10 FEET OF LOT 26 IN BLOCK 4 IN ARTHUR MICHEL AND COMPANY'S
 HOWARD "L" SUBDIVISION IN THE SOUTHEAST 1/4 OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 13, EAST
 OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
 PROPERTY ADDRESS: 7510 TRIPP AVE, SKOKIE, IL 60076
 PARCEL ID#: 10-27-402-048-0000

P 2
 S K
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 E Y

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:
32993248

UNOFFICIAL COPY**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	
RAHIM	
FIRST PERSONAL NAME	
MIR	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
S	

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
7510 TRIPP AVE	SKOKIE	IL	60076	USA

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME					
SUNTRUST BANK					
OR					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
4315 PICKETT RD		ST. JOSEPH	MO	64503	USA

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):

MIR S RAHIM
7510 TRIPP AVE
SKOKIE, IL 60076

16. Description of real estate:

DETACHED GARAGE-FIXTURE FILING
THE FOLLOWING PROPERTY IS SITUATED IN SKOKIE, COUNTY OF COOK, STATE OF ILLINOIS
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PROPERTY ADDRESS: 7510 TRIPP AVE, SKOKIE, IL 60076
PARCEL ID#: 10-27-402-048-0000

17. MISCELLANEOUS:
32993248