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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Doc# 2002255323 Fee \$93.00			
A. NAME & PHONE OF CONTACT AT FILER (optional)		RHSP FEE:\$9.00 RPRF FEE: \$1.00			
UCC MANAGER (800) 837-9700		EDHARD M. MOODY			
B. E-MAIL CONTACT AT FILER (optional)		COOK COUNTY RECO	RDER OF DEEDS		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		DATE: 01/22/2020 02:52 PM PG: 1 OF 2			
C. SEND ACKNOWLEDGIVENT TO: (Name and Address)	_	,==		ı	
CASTLE CREDIT CO HOLDINGS LLC		موالموس مهدوا للنفي			
CASTLE CREDIT CO HOLDINGS, LLC 20 NORTH WACKER DRIVE #2275					
CHICAGO AC, 50606					
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1. DEBTOR'S NAME: Provide on / on/ Debtor name (1a or 1b) (use exact name will not fit in line 1b, leave all of κer. 1 μ tank, check here and provide on the control of th					
1a, ORGANIZATION'S NAME					
OR 15. INDIVIDUAL'S SURNAME MARIACA CARPINTERO	FIRST PERSONAL NAME DELFINO	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 4453 S FRANCISCO AVE	CHICAGO	STATE IL	POSTAL CODE	COUNTRY	
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use emane will not fit in line 2b, leave all of item 2 blank, check here and provide and	(uii name; do not omit, modify, or abbraide the individual Debtor information in				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PF (SC VAL NAME	ADDITIC	NAL 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 S	Serged Party name (3a or 3b)	• •	
38. ORGANIZATION'S NAME CASTLE CREDIT CO HOLDINGS, LI	.c	C			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 20 NORTH WACKER DRIVE #2275	CHICAGO	ST4) F	POSTAL CODE	COUNTRY	
4. COLLATERAL: This financing statement covers the following collateral: HOME IMPROVEMENT TYPE OF UNIT: HOM			Jiji Co		
INSTALLED AT: 4453 S FRANCISCO AVE, CHI COUNTY: COOK	.CAGO, IL 60632		0		
THIS IS A FIXTURE FILING			•		

	<u>5 N</u>	
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and ins	structions) being administered by a Decedent's Personal Representated V	
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:	
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmit	ting Utility Agricultural Lien Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor	Seller/Büyer Bailee/Bailor Licensee/Licensor	-
8. OPTIONAL FILER REFERENCE DATA: GP 177065	E_N	_
FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)	International Association of Commercial Administrators (IADA) TAM	1

2002255323 Page: 2 of 2

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank				
9a. ORGANIZATION'S NAME					
-					
OR 9b. INDIVIDUAL'S SURNAME					
MARIACA- CARPINTERO					
FIRST PERSONAL 'AM.' DELFINO					
ADDITIONAL NAME(S)/IN (IAL(S)	SUFFIX				
		-		IS FOR FILING OFFICE	
 DEBTOR'S NAME: Provide (10a of 10th, only one additional Debtor name or do not omit, modify, or abbreviate any part of the Tebtor's name) and enter the m 		it in line 15 or 25 of the F	inancing S	Statement (Form UCC1) (use	exact, full name;
10a. ORGANIZATION'S NAME					
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL S FIRST FERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
10c. MAILING ADDRESS	CIT		STATE	POSTAL CODE	COUNTRY
	OD OF OUR DEAD	TV00			
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO	OR SECURED FAR	I 1'S NAME: Provide o	only <u>one</u> n	ame (11a or 11b)	
OR 115. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1	ADDITIO	NAL NAME(SVINITIAL(S)	SUFFIX
, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10					
11c. MAILING ADDRESS	CITY	0,	STATE	POSTAL CODE	COUNTRY
12, ADDITIONAL SPACE FOR ITEM 4 (Collateral):	L.,	7			
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				U _S	
				Trico	
				6	
13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the	14. This FINANCING ST	ATEMENT:			
REAL ESTATE RECORDS (If applicable) 15. Name and address of a RECORD OWNER of real estate described in Item 16	covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Description of real estate:				fixture filing
(if Debtor does not have a record interest):		BER: 19-01-315	-017-04	100	
	LEGAL DESCH	RIPTION:			(0) 555
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				ION OF BLOCK () E SOUTHWEST Q	
	OF SECTION I	ELEVEN (11), T	OWNS	SHIP THIRTY EIG	GHT (38)
		GE THIRTEEN (COOK COUNT		AST OF THE THI LINIOS.	RD
			_ ,	- · - + #*	
17. MISCELLANEOUS:					