## NOFFICIAL

Doc# 2005017100 Fee \$93.00

EOLI OWINGTRICTIONS			EE:59.00 RPRF FEE: \$1.00  M. MOODY			
A. NAME & PHONE OF CONTACT AT FILER (optional)						
UCC MANAGER (800) 837-9700		COOK COUNTY RECORDER OF DEEDS  DATE: 02/19/2020 04:00 PM PG: 1 OF 2				
B. E-MAIL CONTACT AT FILER (optional)	И	E. 05/19/2020	04:00 PM PG: 1 (	JF 2		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
· <u> </u>	<b>¬</b>					
CASTLE CREDIT CO HOLDINGS, LLC	1					
20 NORTH WACKER DRIVE #2275						
CHICAGO, AL, 6 0606	,					
	THE A	BOVE SPACE IS FO	R FILING OFFICE USE	ONLY		
1. DEBTOR'S NAME: Provide or', one Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of iter () b ank, check here and provided in the control of t	, full name; do not omit, modify, or abbrevia vide the Individual Debtor information in iter					
18, ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·					
OR 1b. INDIVIDUAL'S SURNAME	DIVIDUAL'S SURNAME FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)			
PINA	MARTA		4			
1c. MAILING ADDRESS 231 ZUELKE DR	BELLWOOD	STATE	POSTAL CODE	COUNTRY		
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact				ndividual Debtor's		
	vidut and total new information in iter					
2a. ORGANIZATION'S NAME						
OR						
2b. INDIVIDUAL'S SURNAME	FIRST PE (SO' IAL NAME	ADDITIO	NAL NAME(\$)/INITIAL(\$)	SUFFIX		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
20. MAILING ADDICES		0.7.12				
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	SECURED PARTY): Provide only one Se Ju	red Party name (3a or 3t	)	1		
3a. ORGANIZATION'S NAME		-/-				
CASTLE CREDIT CO HOLDINGS, LL		10		louren		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
20 NORTH WACKER DRIVE #2275	CHICAGO	IL.	ov606			
4. COLLATERAL: This financing statement covers the following colleteral: HOME IMPROVEMENT TYPE OF UNIT: HOME	E IMPROMEMENT		Sc.			
HOME IMPROVEMENT TYPE OF UNIT: HOME	E IMPROVEMENT		(3) Y			
INSTALLED AT: 231 ZUELKE DR, BELLWOOD	O, IL 60104		PO	<del></del>		
COUNTY: COOK			S	-		
THIS IS A FIXTURE FILING			<u> </u>	<del></del>		
•			M <u>Y</u>	<b>_</b>		
			SC_Y	`\ _'		
·	·		ΕŢ	,		
,			MITT	<b>,-</b>		
5. Check only if applicable and check only one box; Collateral is held in a T	frust /ean IICC1Ad item 17 and Instructions	e) Theing administr	red by a Decedent's Person	Representative		

6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only ne box.
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCO Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/B	uyer Bailee/Bailor Licensee/Licensor
P. ODTIONAL ELEO DECEDENCE DATA:	

B. OF 177909

2005017100 Page: 2 of 2

## UNOFFICIAL COPY

## **UCC FINANCING STATEMENT ADDENDUM**

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stater	nest: if line 1h was toll black					
because Individual Debtor name did not fit, check here	nent, it line to was left blank					
9a. ORGANIZATION'S NAME						
96. INDIVIDUAL'S SURNAME						
PINA FIRST PERSONAL NAME						
MARTA						
ADDITIONAL NAME(S)/INITIAL S)	SUFFIX					
70_				IS FOR FILING OFFICE		
DEBTOR'S NAME: Provide (10a or 10a) only one additional Debtor n. do not omit, modify, or abbreviate any part of the firstor's name) and enter		line 1b or 2b of the F	inancing \$	Statement (Form UCC1) (use	exact, full name;	
10a. ORGANIZATION'S NAME						
R						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
	6					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4				SUFFIX	
oc. MAILING ADDRESS	cm		STATE	POSTAL CODE	COUNTRY	
	0.					
	SIGNOR SECURE O FARTY	S NAME: Provide o	nty <u>one</u> n	ame (11a or 11b)	<u>'</u>	
11a. ORGANIZATION'S NAME	1//	· }				
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
c. MAILING ADDRESS	СІТУ	0	STATE	POSTAL CODE	COUNTRY	
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				1		
······································			S			
				$\bigcirc$		
				1/5.		
				<b>C</b>		
This FINANCING STATEMENT is to be filed [for record] (or recorded)	in the 14. This FINANCING STATE	MENT:				
REAL ESTATE RECORDS (if applicable)	covers timber to be o	cut covers as-	extracted	collateral 📝 is filed as a	fixture filing	
<ol><li>Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):</li></ol>	16. Description of real estate	:				
	PARCEL NUMBE	CR: 15-09-203	<b>-03</b> 0-0	000		
	DESCRIPTION:					
	231 ZUELKE DR,	BELLWOOI	), IL 6	0104		
		DEED: 1431145027 ACRES: 0.92   Lots1-22 25-27 32-35 5&18-20 Henry Ulrichs Add Tobellwood S2ne4				
	S09 T3 9N R12e 31		ienry (	AFICUS VAGA 1 ODEII.	wood Szne4	