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2005028017

Doc# 2005028017 Fee \$93.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 02/19/2020 04:07 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) 20748 - JPMORGAN

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	73585564 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 it 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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
	Olsen	Norman	
			SUFFIX
			III
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
1209 N Astor St Unit 2S	Chicago	IL	60610
			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			
	JPMorgan Chase Bank, N.A.		
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
601 Oakmont Lane, Suite 300	Westmont	IL	60559
			COUNTRY
			USA

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

All of the debtor's right, title and interest in and to that certain cooperative unit number Unit 2S located at 1209 N Astor St Chicago, IL, 60610, including, without limitation, those certain co-op share, that certain proprietary lease and all proceeds thereof.

* Number of Shares: 45 Shares

S Y
P 3
S N
M Y
3C Y
E Y
NITDPR

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 <u>only</u> if applicable and check <u>only</u> one box:	6b. 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	<input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

73585564 0000685800

1101850934 Julio Velazquez 44400

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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	Olsen
FIRST PERSONAL NAME	Norman
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX III

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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:

Parcel ID:
17-03-113-003-0000 Twelve Nine Building
Corporation, an Illinois Corporation; unable to find
address

see attached legal description

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LEGAL DESCRIPTION

LEASEHOLD ESTATE, AS DEFINED IN THE CONDITIONS AND STIPULATIONS OF THE ALTA LEASEHOLD ENDORSEMENT 13, CREATED BY THE INSTRUMENT HEREIN REFERRED TO AS THE LEASE, SAID LEASE EXECUTED AND ACKNOWLEDGED BY AND BETWEEN 1209 ASTOR CORPORATION, LESSOR, AND NORMAN M. OLSEN, LESSEE, FOR A TERM OF YEARS DEMISING AND LEASING THE FOLLOWING DESCRIBED PREMISES:

APARTMENT 2S OF 1209 N. ASTOR STREET, CHICAGO, ILLINOIS, WHICH IS LOCATED ON THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 10, 11 AND 12 (EXCEPT THE SOUTH 15.88 FEET OF SAID LOT 12) IN BLOCK 9 IN H. O. STONE'S SUBDIVISION OF ASTOR'S ADDITION TO CHICAGO, IN THE NORTH FRACTIONAL HALF OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address commonly known as:
1209 N Astor St Apt 2S
Chicago, IL 60610

PIN#:

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