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EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 05/21/2020 01:06 PM PG: 1 OF 4

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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) 37724 - OVATION SALES

| | |
|---|-----------------------------|
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 74196130 ILIL FIXTURE |
|---|-----------------------------|

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 MALAS | FIRST PERSONAL NAME KATHLEEN | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 6027 SCOTT ST | | CITY ROSEMONT | STATE POSTAL CODE COUNTRY IL 60018 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 OVATION SALES FINANCE TRUST | | | |
| OR | | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 835 W 6TH ST. SUITE 1440 | | CITY AUSTIN | STATE POSTAL CODE COUNTRY TX 78703 USA |

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

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:

74196130 2347472



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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

MALAS

FIRST PERSONAL NAME

KATHLEEN

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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):

ROLANDO, DELGADO
6027 SCOTT ST
ROSEMONT, IL 60018

16. Description of real estate:

Parcel ID:
12-04-216-020-0000

See attached Exhibit A
6027 SCOTT ST
ROSEMONT, IL 60018
COOK COUNTY
LEGAL DESCRIPTION: LOT 1
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 74196130-IL-31 37724 - OVATION SALES FINANC

OVATION SALES FINANCE TRUST

File with: Cook, IL

2347472

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Debtor: MALAS, KATHLEEN

Exhibit for Real Estate

16. Description of real estate: Continued

Twnshp-Rng-Sec:40N-12E-04

Property of Cook County Clerk's Office
COOK COUNTY
RECORDER OF DEEDS
COOK COUNTY
RECORDER OF DEEDS

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Exhibit A

Legal Description

Lot 1 of the Atkins Subdivision, being a Resubdivision of Lot 31 in Martinek's Subdivision of part of Section 4, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois

Property of Cook County Clerk's Office