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ICC FINANCING STATEMENT DILLOWINSTRUCTIONS	5474	Doc# 20161	… 08095 Fee \$88	. 00
. NAME & PHONE OF CONTACT AT FILER (optional)		DHSD FFF:40 AA	RPRF FEE: \$1.00	
. E-MAIL CONTACT AT FILER (optional)		EDWARD M. MOOD		
		COOK COUNTY RE	CORDER OF DEEDS	
. SEND ACKNOWLEDGMENT TO: (Name and Address)	_	DATE: 06/09/20	20 10:57 AM PG:	1 OF 3
COLVEN, TRAN & MEREDITH, P.C. 1401 BURNHAM DRIVE	i			
PLANO, TEXAS 75093			in and the second of the secon	
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MATTER: 19102.108	THE A	ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only ane Debtor name (1a or 1b) (use e. name will not fit in line 1b, leave all of item , b) nk, check here and	xact, full name; do not omit, modify, or abbrevia provide the Individual Debtor information in ite			
1a. ORGANIZATION'S NAME			· !·	
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
CANNON	GERALD			
MAILING ADDRESS W. POLK STREET, APT 271	CHICAGO	IL STATE	60605	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exname will not fit in line 2b, leave all of item 2 blank, check here and	xaut, full trame; do not omit, modify, or abbrevial provide and individual Debtor information in ite	• •		
2a. ORGANIZATION'S NAME	'0			
2b. INDIVIDUAL'S SURNAME	FIRST PEF SON AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				Į.
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	9			COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME  INCREDIBLEBANK	9	red i arty name (3a or 3t	))	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME	9	red i arty name (3a or 3t		COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME  INCREDIBLEBANK	DR SECURED PARTY): Provide only one Ser	red i arty name (3a or 3t	))	

performance, instruments, chattel paper; (b) inventory; (c) general intangibles; (d) fixtures now or hereaf(er located upon any part of the Property described on Exhibit "A" attached hereto and incorporated herein for all purposes; (e) equipment; (f) replacements, betterments, substitutions and renewals of, and additions to, any of the foregoing; (g) proceeds, including without limitation, condemnation or insurance proceeds, arising out of or with respect to the foregoing; and (h) all products

of the foregoing.

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:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Selfer/But	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

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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		1				
	*****					
OR CONTRACTOR CONTRACTOR						
9b. INDIVIDUAL'S SURNAME  CANNON						
FIRST PERSONAL N' ME						
GERALD  ADDITIONAL NAME(S)/INIT AL(3)	SUFFIX					
0-		THE ABOVE	SPACE I	S FOR FILING OFFICE	USE ONLY	
10. DEBTOR'S NAME: Provide (10a or 0b) unity one additional Debtor name or do not omit, modify, or abbreviate any part of the Diotor's name) and enter the modern of the Diotor's name or do not omit, modify, or abbreviate any part of the Diotor's name.		line 1b or 2b of the F	inancing S	tatement (Form UCC1) (use	exact, full name;	
10a. ORGANIZATION'S NAME	••••••••••••••••••••••••••••••••••••••					
OR 10b. INDIVIDUAL'S SURNAME						
100. INDIVIDUAL S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		AUX.			SUFFIX	
			I	I	00/4/75/	
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
	OR SECURE ) PARTY	'S NAME: Provide o	only <u>one</u> na	me (11a or 11b)		
11a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	0,	STATE	POSTAL CODE	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				<u> </u>		
			S			
				$O_{\kappa_{\alpha}}$		
				0		
<ol> <li>This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</li> </ol>	14. This FINANCING STATE		extracted of	collateral 📝 is filed as a	fixture filina	
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			<u> </u>		
,	SEE EXHIBIT "A	<b>А" АТТАСНЕ</b>	D HER	RETO AND		
GERALD CANNON 1001 MADISON STREET		NCORPORATED HEREIN BY REFERENCE FOR ALL				
MAYWOOD, ILLINOIS 60153	PURPOSES.					
				—··		
17. MISCELLANEOUS:						

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### EXHIBIT "A"

### **Legal Description**

LOTS 5 AND 6 IN HALL AND GRAVE'S SUBDIVISION OF BLOCK 11 OF SMITH'S ADDITION TO MAYWOOD, A SUBDIVISION IN SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clark's Office