



2028016023

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 10/06/2020 09:58 AM PG: 1 OF 2

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
UCC MANAGER (312) 224-0416

B. E-MAIL CONTACT AT FILER (optional)
UCC@CASTLECREDIT.COM

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**CASTLE CREDIT CO HOLDINGS, LLC
 20 NORTH WACKER DRIVE #2275
 CHICAGO, IL, 60606**

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 PALACIOS SERRANO | FIRST PERSONAL NAME REGINA | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|---|--------------------------------------|-------------------------------|--------|

1c. MAILING ADDRESS
1974 N 17TH AVE

| | | | |
|-----------------------------|--------------------|-----------------------------|---------|
| CITY MELROSE PARK | STATE IL | POSTAL CODE 60160 | COUNTRY |
|-----------------------------|--------------------|-----------------------------|---------|

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 PALACIOS SERRANO | FIRST PERSONAL NAME SONIA | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|---|-------------------------------------|-------------------------------|--------|

2c. MAILING ADDRESS
1974 N 17TH AVE

| | | | |
|-----------------------------|--------------------|-----------------------------|---------|
| CITY MELROSE PARK | STATE IL | POSTAL CODE 60160 | 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
CASTLE CREDIT CO HOLDINGS, LLC

OR

| | | | |
|--------------------------|---------------------|-------------------------------|--------|
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|--------------------------|---------------------|-------------------------------|--------|

3c. MAILING ADDRESS
20 NORTH WACKER DRIVE #2275

| | | | |
|------------------------|--------------------|-----------------------------|---------|
| CITY CHICAGO | STATE IL | POSTAL CODE 60606 | COUNTRY |
|------------------------|--------------------|-----------------------------|---------|

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

HOME IMPROVEMENT TYPE OF UNIT: HOME IMPROVEMENT

INSTALLED AT: 1974 N 17TH AVE, MELROSE PARK, IL 60160

COUNTY: COOK COUNTY

THIS IS A FIXTURE FILING

SY
 P 2
 S X
 M N
 SC X
 E Yes
 INT AB

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:
CJ 180356

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

PALACIOS SERRANO

FIRST PERSONAL NAME

REGINA

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):

16. Description of real estate:

PARCEL NUMBER: 12-34-307-043-0000
LEGAL DESCRIPTION:

THE SOUTH 40 FEET OF LOT 13 IN NORTH AVENUE HOME ACRES, BEING A SUBDIVISION OF THE EAST 56 ACRES OF THE EAST HALF OF THE SOUTH WEST QUARTER OF SECTION 34, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. 1974 N 17TH AVE, MELROSE PARK, IL 60160

17. MISCELLANEOUS: