## **UNOFFICIAL COPY**

Doc#. 2108307373 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 03/24/2021 11:56 AM Pg: 1 of 2

UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF GONTACT AT FILER (optional)				
Elderlife Financial Lending, LLC - 888-228-4500				
B. E-MAIL CONTACT AT F.LER (optional)  uccfiling@cldcrlifc (in .ncial.com				
C. SEND ACKNOWLEDGMENT (O: (Name and Address)				
ELDERLIFE FINANCIAL LENDING, LLC	¬ <b>I</b>			
ATTN: LEGAL DEPARTMENT	1			
6 MONTGOMERY VILLAGE AVENUE, SUITE GAITHERSBURG, MD 208'7	410			
GATTITERSBORG, MID 2007	1 <b>I</b>			
	THE ABOVE SP.	ACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use c cact, full r	ame; do not omit, modify, or abbreviate any part o	f the Debto	's name); if any part of the In	idividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here and provide to	he Individual Debtor information in item 10 of the F	inancing St	atement Addendum (Form U	DC1Ad)
1a. ORGANIZATION'S NAME Chicago Title Land Trust Company	•			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. MAILING ADDRESS 10 S LaSalle St Suite 2750	Chicago	STATE	POSTAL CODE 60603	COUNTRY
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here. and provide the control of the c</li></ol>	name; do no⊬orut, modify, or abbreviate any partic he Indiv:dual Li≥b (27 Jormation in item 10 of the f			
2a. ORGANIZATION'S NAME	<del>''/)</del> x			
OR				
2b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	10.			USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	RED PARTY): Provide only one Secured Party p	me (3a or 3t	n)	
39. ORGANIZATION'S NAME ELDERLIFE FINANCIAL LENDING, LLC				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	FOS IAI SODE	COUNTRY
6 MONTGOMERY VILLAGE AVENUE, SUITE 410	GAITHERSBURG	MD	20379	USA
4. COLLATERAL: This financing statement covers the following collateral: All Fixtures appurtenant to:				
7715 S 78th Ct BridgeviewIL60455			C	
PARCEL ID: 18-25-311-004-0000				
LEGAL DESCRIPTION: A PARCEL OF LAND LOCATED IN THE STATE OF ILLINOIS,	COUNTY OF COOK WITH A SITUS.	unnuuce	COU 7716 C 78TH CT	
BRIDGEVIEW, IL 60455-1347 CURRENTLY OWNED BY TRUST	· · · · · · · · · · · · · · · · · · ·		· ·	25-311-004-
0000 AND DESCRIBED IN DOCUMENT NUMBER 33913112 DAT Original Loan Amount: \$37,500.00	ED 11/01/2019 AND RECORDED 12/05	/2019.		
,				_
Pursuant to the Memorandum of Agreement dated 03/05/2021, where Trust Number 8002382163 (borrower(s)) promise to pay the total sur				
LLC with the proceeds of the sale or refinancing of the above referen				<del></del>
5. Check only if applicable and check only one box: Collateral is <b>X</b> held in a Trust (	see UCC1Ad, item 17 and Instructions)	ng administe	red by a Decedent's Persona	I Representative
6a. Check only if applicable and check only one box:	· -		if applicable and check only	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricul	tural Lien Non-UCC	Filing
	Cansignee/Cansigner Seller/Buyer	Вє	ilee/Bailor Licen	scc/Licensor
8. OPTIONAL FILER REFERENCE DATA:				

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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 **Chicago Title Land Trust Company** 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY STATE ASSIGNOR SEC JRED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERS ON AL ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c MAILING ADDRESS POSTAL CODE STATE COUNTRY ICITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest); 7715 S 78th Ct BridgeviewIL60455 PARCEL ID: 18-25-311-004-0000 LEGAL DESCRIPTION: A PARCEL OF LAND LOCATED IN THE STATE OF ILLINOIS. COUNTY OF COOK, WITH A SITUS ADDRESS OF 7715 S 78TH CT, BRIDGEVIEW, IL 60455-1347 CURRENTLY OWNED BY TRUST NUMBER 8002382163 HAVING A TAX ASSESSOR NUMBER OF 18-25-

17. MISCELLANEOUS:

311-004-0000 AND DESCRIBED IN DOCUMENT NUMBER 33913112

DATED 11/01/2019 AND RECORDED 12/05/2019.