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2123601079

Doc# 2123601079 Fee \$93.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 08/24/2021 04:19 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) 54926 - HomeOpco Sub A

| | |
|---|-----------------|
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 82045264 |
| | 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 | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | STARKS | | CHAQUITA | | | |
| 1c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| 7435 S CLAREMONT AVE | | | CHICAGO | IL | 60636 | 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 | | | | | | |
| Homeopco Sub A Trust | | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| 345 Park Ave, 31st Floor | | | New York | NY | 10154 | USA |

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

S Y
P 3
S Y-2
M Y
SC Y
E Y
INTER

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 Agricultural Lien Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA:

82045264 2943522

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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

STARKS

FIRST PERSONAL NAME

CHAQUITA

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 ID:
20-30-124-014-0000

PARCEL ID: 20-30-124-014-0000

STARKS
7435 S CLAREMONT AVE
CHICAGO IL 60636
[See Exhibit for Real Estate]

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Debtor: STARKS, CHAQUITA

Exhibit for Real Estate

16. Description of real estate: Continued

06/30/1995 DOCUMENT #: 95426959

Lot Number: 25 Block: 1,2,6-8 District: 72 City,
Municipality, Township: LAKE Subdivision Name: OGGS
SUB Sec/Twn/Rng/Mer: SEC 30 TWN 38N RNG 14E
Brief Description: (SUBDIVISION) OF BLKS
1,2,6,7,8,10,11&14 OF DEWEY & H OGGS SUB OF WH
NW SEC 30-38-14

LOT 25 IN BLOCK 14 IN DEWEY AND HOGG'S
SUBDIVISION OF THE WEST HALF OF THE
NORTHWEST QUARTER OF SECTION 30, TOWNSHIP
38 NORTH, RANGE 14 EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Clerk's Office