



Doc# 2125613031 Fee \$93.00

HSP FEE: \$9.00 RPRF FEE: \$1.00

AREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/13/2021 12:25 PM PG: 1 OF 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2176 36637 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Illinois (Cook)

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 Wyman		FIRST PERSONAL NAME Kevin	ADDITIONAL NAME(S)/INITIAL(S) D	SUFFIX
1c. MAILING ADDRESS 5109 S Mason Ave		CITY Chicago	STATE IL	POSTAL CODE 60638	COUNTRY 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 Cross River Bank and its successors and assigns c/o Mariette Servicing, LLC					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 3419 Silverside Road		CITY Wilmington	STATE DE	POSTAL CODE 19810	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
All fixtures now or hereafter securely and/or permanently attached to the property identified above excluding personal effects and household goods or appliances that are not considered fixtures under applicable law.

Office
S Y
P 3
S Y
M Y
SC Y
E N
INTEK

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:

2176 36637

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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
	Wyman
	FIRST PERSONAL NAME
	Kevin
	ADDITIONAL NAME(S)/INITIAL(S)
	D
	SUFFIX

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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)			
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)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Kevin D Wyman and Marie Wyman
5109 S Mason Ave
Chicago, IL 60638
Cook County

14. This FINANCING STATEMENT:

covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Description of real estate:

APN: 19-08-401-050

Property Address:
5109 S Mason Ave
Chicago, IL 60638
Cook County

See Exhibit A

17. MISCELLANEOUS:

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EXHIBIT A

Address: **5109 S. Mason Avenue**
Chicago, IL 60638

Pin # : **19-08-401-050-0000**

Legal Description:

LOT 44 (EXCEPT THE SOUTH 7 FEET THEREOF) AND LOT 45 (EXCEPT THE NORTH 9 FEET THEREOF) IN BLOCK 7 IN CRANE ARCHER AVENUE HOME ADDITION TO CHICAGO, BEING THAT PART OF THE SOUTHEAST 1/4 LYING NORTHERLY OF ARCHER AVENUE OF SECTION 8, TOWNSHIP 38 NORTH RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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