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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 10/01/2021 03:09 PM PG: 1 OF 2

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) 2192 30576 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 RUBALCAVA | | FIRST PERSONAL NAME MARIA | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 6422 S LAMON 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 RUBALCAVA | | FIRST PERSONAL NAME ERNESTO | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 6422 S LAMON AVE | | CITY CHICAGO | STATE IL | POSTAL CODE 60638 | COUNTRY USA |

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 Microf | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS P.O. Box 70085 | | CITY Albany | STATE CA | POSTAL CODE 91707 | COUNTRY USA |

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

All of the Debtor's right, title and interest, now existing and hereafter arising, in and to all of the Equipment subject to that certain Lease No. 176014 between Debtor as Lessee and Microf, LLC as Lessor, (ii) all insurance, warranty, rental and other claims and rights to payment and chattel paper arising out of such Equipment, (iii) all books, records and proceeds relating to the foregoing, and (iv) any other property or rights to which the Lessee may be or become entitled by reason of Lessee's interest in the Equipment. For the purposes of this financing statement, "Equipment" shall be further described in item 12 of the UCC1Ad attached hereto, and includes all substitutions, replacements, upgrades, repairs, parts and attachments, improvements and accessions thereto. THIS FILING IS FOR PRECAUTIONARY AND INFORMATIONAL PURPOSES ONLY. THE PARTIES CONSIDER THIS TRANSACTION TO BE A TRUE LEASE. LESSEE HAS NO RIGHT TO SELL OR PLEDGE THE EQUIPMENT, IT IS OWNED BY LESSOR AND LEASED TO LESSEE.

2021 CARRIER 59TN6B080C17--14 80K BTU (3 TONS)

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 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 Filing Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA:

S
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N
INTEK

2192 30576

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 |
| | RUBALCAVA |
| | FIRST PERSONAL NAME |
| | MARIA |
| | 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):

6422 S LAMON AVE
CHICAGO, IL 60638-5824

16. Description of real estate:

LOT 4, BLOCK 6, Frederick H Bartletts Marquet Subdivision, Lake Township, Census Tract 640700, Block 1015, Cook County, IL.
APN: 19-21-209-041-000017. MISCELLANEOUS:
RTO-000176014