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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS	
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) 53642 - Concord Servicing
Lien Solutions P.O. Box 29071	83119213
Glendale, CA 91209-9071	ILIL
	FIXTURE
File with: Cook, IL	
DEBTOR'S NAME: Provide only one Debtor name (1a or name will not fit in line 1b, leave all of ite; 1.1 h, ank, check here 1a, ORGANIZATION'S NAME	<u> </u>
II. OTO WILL TO TO TO THE	



Doc# 2130528040 Fee ≸93.00

RHSP FEE:S9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 11/01/2021 02:15 PM PG: 1 OF 3

File with: Cook, IL	File with: Cook, IL THE ABOVE SPACE IS FOR FILING OFFICE					
	(1a or 1b) (use exact, full name; do not omit, modify, or abbrevia					
name will not fit in line 1b, leave all of its. 11 hank, chec	k here and provide the Individual Debtor information in iten	ก 10 of the Financing Statement Addendum (Form	n UCC1Ad)			
1a. ORGANIZATION'S NAME						
15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX			
SHAVERS	JEFFREY					
: MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
736 SOUTH GREEN ST	CHICAGO	IL 60621	USA			
	(2a or 2b) (use exact, f. Il name; do not omit, modify, or abbrevia					
	k here and provide the Individual Debtor information in item					
2a. ORGANIZATION'S NAME	T	The state of the s				
2b. INDIVIDUAL'S SURNAME	FIRST HOUSEN'L NAME					
ZB. INDIVIDUAL S SCHNAME	FIRST FCASON, CNAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX			
	(4.					
: MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
SECURED PARTY'S NAME (or NAME of ASSIGN	HEE of ASSIGNOR SECURED PARTY): Provide only one Service	Party name (3a or 3b)				
3a. ORGANIZATION'S NAME						
Oak Grove Trust		·/_				
36. INDIVIOUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX			
c. MAILING ADDRESS	CITY	S.A.E POSTAL CODE	COUNTRY			
	}					
PO Box 1073	Wilmington	DE1999	USA			
COLLATERAL: This financing statement covers the follogine Improvement-HVAC	owing collateral:	/x. S	Y			
pan amount \$7,895.00						
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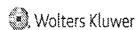
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UCC FINANCING STATEMENT ADDENDUM

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syinitiál(s)	SUFFIX	THE ABOV	Æ SPACI	E IS FOR FILING OI	FFICE USE O
Provide (10a a 10b, only one additional Debt obreviate any part of the Debtor's name) and e		line 1b or 2b of the F	Financing S	Statement (Form UCC1)	(use exact, full n
IAME	arter the maining address in time Toc				
NAME Ox					
T PERSONAL NAME	3	<u> </u>			
TIONAL NAME(SYINITIAL(S)	0/				SUFFIX
	СІТУ		STATE	POSTAL CODE	COUNTRY
CURED PARTY'S NAME of	ASSIGNOR SECURED : APTY'S	NAME: Provide onl	ly <u>one</u> nam	le (11a or 11b)	
IAME	70%	7		<u> </u>	
NAME	FIRST PERSONAL NAME	0.	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	CITY	0,	STATE	POSTAL CODE	COUNTRY
OR ITEM 4 (Collateral):				_	
		,	(0,		
ATEMENT is to be filed [for record] (or record	rded) in the 14. This FINANCING STAT	EMENT:			
ORDS (if applicable) RECORD OWNER of real estate described in	covers timber to be in item 16 16. Description of real estat		-extracted	collateral is filed is	as a fixture filing
(if Debtor does not have a record interest): MELVIN L SHAVERS Parcel ID: 20-17-222-030-0000					
	Cooottoobod	egal land d	lescrip	otion.	
	See attached t				
	See allached i				
ίVΙ	ERS	20-17-222-030	20-17-222-030-0000	20-17-222-030-0000	See attached legal land description.

2130528040 Page: 3 of 3

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Lien Solutions Order #:

83037855

Search Effective Date:

10/06/2021

Address:

5736 South Green Street

Chicago, IL 60621

County:

Cook

APN:

20-17-222-030-0000

Deed:

1). Document Type:

Quit Claim Deed

Grantor: Grantee: Melvin L. Shavers and Rosina E. Shavers Melvin L. Shavers, Rosina E. Shavers

Dated:

12/15/1998 02/02/1999

Recorded:
Instrument #:

99109710

Legal Description:

Legal Description as per last deed of record

THE NORTH 15 FEET OF LOT 16 ALID THE SOUTH 15 FEET OF LOT 15 IN BLOCK 2 IN JOHN WALKER'S SUBDIVISION OF THE SOUTHEAST 1/2 OF THE NORTHEAST 1/2 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 14. EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

APN.

20-17-222-030-0000

Disclaimer:

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Office