

UNOFFICIAL COPY

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 Glendale, CA 91209-9071	83119213 ILIL FIXTURE
File with: Cook, IL	



Doc# 2130528040 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

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

THE ABOVE SPACE IS FOR FILING OFFICE USE

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 SHAVERS	FIRST PERSONAL NAME JEFFREY	ADDITIONAL NAME(S)/INITIAL(S)
1c. MAILING ADDRESS 5736 SOUTH GREEN ST		CITY CHICAGO	STATE POSTAL CODE COUNTRY IL 60621 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)
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 Oak Grove Trust			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
3c. MAILING ADDRESS PO Box 1073		CITY Wilmington	STATE POSTAL CODE COUNTRY DE 19899 USA

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

Home Improvement-HVAC
Loan amount \$7,895.00

S Y
3
S Y-I
M Y
SC Y
E V
INT EK

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:

<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor is a Transmitting Utility
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6b. Check only if applicable and check only one box:

<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing
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7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
83119213 oak grove trust 20190230277

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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	SHAVERS
FIRST PERSONAL NAME	JEFFREY
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):

MELVIN L SHAVERS

16. Description of real estate:

**Parcel ID:
20-17-222-030-0000**

See attached legal land description.

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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: Melvin L. Shavers and Rosina E. Shavers
Grantee: Melvin L. Shavers, Rosina E. Shavers
Dated: 12/15/1998
Recorded: 02/02/1999
Instrument #: 99109710

Legal Description:

Legal Description as per last deed of record

THE NORTH 15 FEET OF LOT 16 AND THE SOUTH 15 FEET OF LOT 15 IN BLOCK 2 IN JOHN WALKER'S SUBDIVISION OF THE SOUTHEAST 1/4 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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