

# UNOFFICIAL COPY

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Karen A. Yarbrough  
Cook County Clerk  
Date: 11/29/2021 11:52 AM Pg: 1 of 2

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>RES/TITLE, INC.</b>
B. E-MAIL CONTACT AT FILER (optional) <b>TITLEONE@RES-TITLE.COM</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>RES/TITLE, INC. 175 METRO CENTER BLVD, SUITE 4 WARWICK, RI 02886</b>

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 <b>Walker</b>		FIRST PERSONAL NAME <b>Allen</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>20850 Brookside Blvd</b>		CITY <b>Olympia Fields</b>	STATE <b>IL</b>	POSTAL CODE <b>60461</b>	COUNTRY <b>USA</b>

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 <b>Walker</b>		FIRST PERSONAL NAME <b>Donna</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS <b>20850 Brookside Blvd</b>		CITY <b>Olympia Fields</b>	STATE <b>IL</b>	POSTAL CODE <b>60461</b>	COUNTRY <b>USA</b>

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 <b>HOME LOAN INVESTMENT BANK FSB</b>					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>1 HOME LOAN PLAZA</b>		CITY <b>Warwick</b>	STATE <b>RI</b>	POSTAL CODE <b>02886</b>	COUNTRY <b>USA</b>

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

**THE COLLATERAL DESCRIBED BELOW IS LOCATED AT: 20850 Brookside Blvd., Olympia Fields, IL 60461**

**Finished Basement**

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

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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

Walker

FIRST PERSONAL NAME

Allen

ADDITIONAL NAME(S)/INITIAL(S)

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

Walker

INDIVIDUAL'S FIRST PERSONAL NAME

Donna

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

20850 Brookside Blvd

CITY

Olympia Fields

STATE

IA

POSTAL CODE

51503

COUNTRY

USA

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

HOME LOAN INVESTMENT BANK FSB

OR  
11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

1 HOME LOAN PLAZA

CITY

WARWICK

STATE

RI

POSTAL CODE

02886

COUNTRY

USA

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

All materials being finance by Secured Party in connection with the construction/renovation of a remodel basement and room addition on the Property described in this Financing Statement including without limitation plywood 2x4's, wall framing, drywall, drywall screws, trim, insulation, ceiling joist, insulation, soffits, dropped ceiling, recess lighting, toggle switches, trim, doors HVAC returns, bathroom fan, toilet, shower base, tile, grout, medicine cabinet, kitchen cabinets, countertops, mini refridgerator and including the finished remodeled basement as installed/improved and all proceeds of the forgoing.

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:

17. MISCELLANEOUS: