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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)	
2221 67685 CSC 801 Adlai Stevenson Drive	
Springfield, IL 62703	Filed In: Illinois (Cook)



Doc# 2133519063 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/01/2021 02:05 PM PG: 1 OF 3

	THE AB	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) name will not fit in line 1b, leave all of nem old nk, check here	(use exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item			
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME MOhr	FIRST PERSONAL NAME  Daniel	ADDITIO Todd	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 7742 W 157th Street	Orland Park	STATE IL	POSTAL CODE 60462	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) name will not fit in line 2b, leave all of item 2 blank, check here	(use exact fet name; do not omit, modify, or abbreviate and provide fiel fulfillation and provide field fiel			
2a. ORGANIZATION'S NAME	70	-		
OR 2b. INDIVIDUAL'S SURNAME	FIRST PEPSOI 'AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGN				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 3419 Silverside Road	сіту Wilmington	STATE	POSTAL CODE 19810	COUNTRY

COLLATERAL: This financing statement covers the following collateral: All fixtures now or hereafter securely and/or permanently attached to the property identified above excluding persona

effects and household goods or appliances that are not considered fixtures under applicable law.

	17/000
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 Representation
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyi	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	2221 67685

2133519063 Page: 2 of 3

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### UCC FINANCING STATEMENT ADDENDUM

Mohr   First PERSONAL NAME   Daniel   ADDITIONAL NAME (SVINT PULLS)   Todd   SUFFIX   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	FOLLOW INSTRUCTIONS					
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Southwest 1/4 of Section 13, Township 36 North, Range 12, East	5. Name and address of a RECORD OWNER of real estate described in item 1 (if Debtor does not have a record interest):  Daniel Todd Mohr  7742 W 157th Street  Orland Park, IL 60462	covers timber to be of 16. Description of real estate: APN: 27-13-303-03  Property Address:	ut covers as e			fixture filing
Southwest 1/4 of Section 13, Township 36 North, Range 12, East	5. Name and address of a RECORD OWNER of real estate described in item 1 (if Debtor does not have a record interest):  Daniel Todd Mohr  7742 W 157th Street  Orland Park, IL 60462	covers timber to be of 16. Description of real estate: APN: 27-13-303-03 Property Address: 7742 W 157th Stree Orland Park, IL 604	ut covers as e			fixture filing
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2133519063 Page: 3 of 3

# **UNOFFICIAL COPY**

#### **UCC FINANCING STATEMENT ADDENDUM**

NAME OF FIRST DESTORS are as that is or the first princips Solatement, if they the was all blank because individual black man as do not it, proof these []    SOLOPHICAL SURRANE   Provide (this or (%), by organization of the princips of th	OLLOWINSTRUCTIONS		1			
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