

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		*2203257043* Doc# 2203257043 Fee \$93.00					
B. E-MAIL CONTACT AT FILER (optional)				16			
uccfilingreturn@wolterskluwer.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address) 20748 IDMODCAN		RHSP FEE:S9.00 RPRF FEE: S1.00					
20140 - 3F WORLDAN			AREN A. YARBROUGH OOK COUNTY CLERK				
Lien Solutions P.O. Box 29071	04040902 1 4		: 02/01/2022 02:46 PM PG: 1 OF 3				
Glendale, CA 91209-9071	ILIL I	DHIE: 05/01/202	02/01/2022 02:46 PM PG: 1 OF 3				
	None of the second						
File with: Cook II	FIXTURE		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
DEBTOR'S NAME: Provide only one Debtor name (1a or name will not fit in time 1b, leave all of iter (1 t lank, check here 1a, ORGANIZATION'S NAME	<u> </u>	• • • • • • • • • • • • • • • • • • • •					
OR 1b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX			
Olsen	Norman	M		111			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
65 E Monroe St, Unit 4322  2. DEBTOR'S NAME: Provide only one Debtor name (2a or	Chicago	L	60603	USA Individual Debter's			
name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  OR	<i>+</i>						
26. INDIVIDUAL'S SURNAME Cole	FIRST PERSONAL NAME Elizabeth	ADDITK	ONAL NAME(S)/INITIAL(S)	SUFFIX			
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
1209 N Astor St, Unit 2S	Chicago		60610	USA			
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE of ASSIGNEE)	I ASSIGNOR SECURED PARTY): Provide on	V Sile Secured Party name (3a or	36)				
JPMorgan Chase Bank, N.A.							
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITE	ONAL NAME(S)/INITIAL(S)	SUFFIX			
3c. MAILING ADDRESS	СПУ	S (ATE	POSTAL CODE	COUNTRY			
3050 Highland Pkwy, Floor 04, Suite 300  4. COLLATERAL: This financing statement covers the following	Downers Grove	IL.	60515	USA			
•All of the debtor's right, title and interest in and to that limitation, all shares of the debtor, that certain proprietal		Astor St, Unit 2s, Chicago, II 6		vithout			
5. Check only if applicable and check only one box: Collateral is	is held in a Trust (see UCC1Ad, item 17 a	nd Instructions)	ered by a Decedent's Perso	onal Representative			
6a. Check only if applicable and check only one box:			γ if applicable and check <u>or</u>				
Public-Finance Transaction Manufactured-Ho	ome Transaction A Debtor is a Trans	smitting Utility	iltural Lien Non-UC	C Filing			

Consignee/Consignor

Seller/Buyer

Licensee/Licensor

Bailee/Bailor

1910558064

0000685800

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA:

84548902

## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS							
9, NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen	t; if line 1b was left blank						
because Individual Debtor name did not fit, check here							
9a. ORGANIZATION'S NAME							
OR CO. INDRIGUANCE CHEMICALE				•			
90. INDIVIDUAL 5 SURNAME		İ					
Olsen	<del></del>	•					
FIRST PERSONAL NAME							
Norman							
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX						
M		THE ABOV	SPACE	IS FOR FILING OFF	ICE USE ONLY		
10. DEBTOR'S NAME: Provide (10a c 10b) only one additional Debtor nar	me or Debtor name that did not fit in	line 1b or 2b of the F	inancing S	tatement (Form UCC1) (us	e exact, full name;		
do not omit, modify, or abbreviate any part of the Debtor's name) and enter to							
10a, ORGANIZATION'S NAME							
OR 10b. INDIVIDUAL'S SURNAME				<del> </del>			
INDIVIDUAL'S FIRST PERSONAL NAME	· · · · · · · · · · · · · · · · · · ·				***		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX		
	UZ						
10c. MAILING ADDRESS	TUITY		STATE	POSTAL CODE	COUNTRY		
	IOUGR GEOUF ES ENERGO.						
11. ADDITIONAL SECURED PARTY'S NAME OF ASSI	IGNOR SECURED FARTY'S I	NAME: Provide only	one nam	e (11a or 11b)			
HIB, ORGANIZATIONS NAME	<sup>7</sup> / <sub>2</sub>						
OR 445 INDUSTRIALIS SURNAME	Telegraphic was a second secon		Language		Leuery		
11b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX		
				<del>-</del> -			
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY		
				<u> </u>			
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		1	_/				
		•	P				
				10-			
				9			
13. This FINANCING STATEMENT is to be filed [for record] (or recorded)	in the 14. This FINANCING STATI	EMENT:					
REAL ESTATE RECORDS (if applicable)	covers timber to be	-	extracted	collateral is filed as	a fixture filing		
15. Name and address of a RECORD OWNER of real estate described in iter							
(if Debtor does not have a record interest):	Parcel ID:	Parcel ID:					
Twelve Nine Astor Building Corporation		17-03-113-003-0000					
1209 N Astor Street	17-03-113-003	-0000					
Chicago, Illinois 60610							
Officago, millions occito	see attached legal description.						
17. MISCELLANEOUS: 84548902-IL-31 20748 - JPMORGAN CHASE BANK	JPMorgan Chase Bank, N.A.	File with; Cook, IL	00006858	800 1910558064			

2203257043 Page: 3 of 3

## **UNOFFICIAL COPY**

**FILE NO. 21144330** 

## **EXHIBIT "A"**

LEASEHOLD ESTATE, AS DEFINED IN THE CONDITIONS AND STIPULATIONS OF THE ALTA LEASEHOLD ENDORSEMENT 13, CREATED BY THE INSTRUMENT HEREIN REFERRED TO AS THE LEASE, SAID LEASE EXECUTED AND ACKNOWLEDGED BY AND BETWEEN 1209 ASTOR CORPORATION, LESSOR, AND NORMAN M. OLSEN, LESSEE, FOR A TERM OF YEARS DEMISING AND LEASING THE FOLLOWING DESCRIBED PREMISES:

APARTMENT 2S OF 1209 N. ASTOR STREET, CHICAGO, ILLINOIS, WHICH IS LOCATED ON THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 10, 11 AND 62 EXCEPT THE SOUTH 15.88 FEET OF SAID LOT 12) IN BLOCK 9 IN H. O. STONE'S SUBDIVISION OF ASTOR'S ADDITION TO CHICAGO, IN THE NORTH FRACTIONAL HALF OF SECTION 3, TOWNSHIP 39 NORTH, FANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.