

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)	38937 - United Bank						
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	86251656						
	ILIL						
	FIXTURE						
File with: Cook, IL							
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1	b) (use exact, full name; do not omit, i						

Doc# 2212313021 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/03/2022 01:28 PM PG: 1 OF 3

	FIXTU								
•	File : //ith: Cook, IL		THE ABOVE SPA	CE IS FO	OR FILING OFFICE US	SE ONLY			
1. [DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full r	name; do not omit, n	nodify, 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 ite 11 t lank, 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	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
	NASH	JAMES							
1c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY			
2	279 185TH PL	LANSING		IL	60438	USA			
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exc ct, f) #1								
f	ame will not fit in line 2b, leave all of item 2 blank, check here and provide the and provide the amount of the angle of the amount of the am	he Individual Debtor	information in item 10 of the Fir	ancing Sta	tement Addendum (Form I	JCC1Ad)			
	28. ORGANIZATION S NAME	τ_{\wedge}							
OR	2b. INDIVIDUAL'S SURNAME	FIRST PEPSONAL I	NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX			
NASH TA			•						
2c.	MAILING ADDRESS	CITY	A	STATE	POSTAL CODE	COUNTRY			
2:	279 185TH PL	LANSING		IL	60438	USA			
3. §	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provi	de on'y <u>une</u> Secured Party nam	ne (3a or 31	D)				
	3a. ORGANIZATION'S NAME UNITED BANK		()						
OR	3	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX			
			4	1					
3c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY			
_1	645 ELLINGTON RD	SOUTH WINI	OSOR	ст	00074	USA			
	COLLATERAL: This financing statement covers the following collateral:				J.S.C.	27			
NC.	MODELING					p 3			
					Co	* -			
						S			
						W			
						SCY			
						EY			
						MT DA			
						HE & CAN			

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

Consignee/Consignor

A Debtor is a Transmitting Utility

Seller/Buyer

Non-UCC Filing

Licensee/Licensor

6b. Check only if applicable and check only one box:

Agricultural Lien

Bailee/Bailor

1729073

Manufactured-Home Transaction

6a, Check only if applicable and check only one box:

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

Public-Finance Transaction

8. OPTIONAL FILER REFERENCE DATA:

86251656

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UCC FINANCING STATEMENT ADDENDUM

FOL	LOW INSTRUCTIONS		_				
	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin	e 1b was left blank					
be	ecause Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME		4				
	58. ONDANIZATION S NAME		1				
			1				
			ŀ				
OR	9b. INDIVIDUAL'S SURNAME		1				
	· NASH						
	FIRST PERSONAL NAME		-				
	JAMES						
·	ADDITIONAL NAME(SYMITIAL(S)	SUFFIX	1				
	<u> </u>		THE ABOV	E SPACI	E IS FOR FILING OFFI	CE USE ONLY	
10. E	DEBTOR'S NAME: Provide (10a c 10b' only one additional Debtor name or	Debtor name that did not fit i	n line 1b or 2b of the F	inancing S	tatement (Form UCC1) (use	e exact, full name;	
d	o not omit, modify, or abbreviate any part o (t, 2 Debtor's name) and enter the ma	ailing address in line 10c					
	10a. ORGANIZATION'S NAME						
OR	TO INDIVIDUAL DELICIONALE						
	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL OF INCOME PARIL						
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)			•	· · · · · · · · · · · · · · · · · · ·	SUFFIX	
		/ -					
10c.	MAILING ADDRESS	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY	
		C		-			
11.	□ ADDITIONAL SECURED PARTY'S NAME □ □ ASSIGNO	OR SECURED FARTY'S	NAME: Provide only	y one nam	e (11a or 11b)	_	
	11a. ORGANIZATION'S NAME	90					
00			·	_			
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAŁ NAME(SYINITIAL(S)	SUFFIX	
11c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
_				4			
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):		7				
				0,			
				(Office		
					175.		
					10		
					0		
13.	$\!$	14. This FINANCING STA	TEMENT:				
	REAL ESTATE RECORDS (if applicable)	covers timber to be	a cut covers as-	extracted	collateral 🔀 is filed as a	a fixture filing	
	lame 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 esta	ate:				
•	,	Parcel ID:					
		29-36-409-04	5				
		36-409-045					
	•	NASH					
		2279 185TH F	- [
	LANSING, IL 60438						
		[See Exhibit for Re					
17. N	HSCELLANEOUS: 86251656-IL-31 38937 - United Bank UNITE	<u>I</u> D BANK	Fite with: Cook, IL	1729073			

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Debtor: NASH, JAMES

Exhibit for Real Estate

16. Description of real estate:

Continued

LEGAL DESCRIPTION: LOT 206 IN THE FOURTH
ADDITION OF FOREST GLEN SUBDIVISON, BEING A
SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF
SECTION 36, TOWNSHIP 36 NORTH, RANGE 14 EAST
OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH
OF THE CHICAGO AND GRAND TRUNK RAILROAD,
IN COOK COUNTY, ILLINOIS. PERMANENT INDEX
#'S: 29-36-409-045-000 VOL. 0219 AND
29-36-409-044-0000 VOL. 0219 PROPERTY ADDRESS
2279 185TH PLACE, LAINSING, IL 60438