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Karen A. Yarbrough
Cook County Clerk
Date: 08/04/2022 03:45 PM Pg: 1 of 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Elderlife Financial Lending, LLC - 888-228-4500
B. E-MAIL CONTACT AT FILER (optional) uccfiling@elderlifefinancial.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) ELDERLIFE FINANCIAL LENDING, LLC ATTN: LEGAL DEPARTMENT 100 Bluegrass Commons Blvd, Bldg. 1, Ste. 120 HENDERSONVILLE, TN 37075

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 Henson	FIRST PERSONAL NAME Martha	ADDITIONAL NAME(S)/INITIAL(S) Faye	SUFFIX	
1c. MAILING ADDRESS 3121 North Sheridan	CITY Chicago	STATE IL	POSTAL CODE 60657	COUNTRY 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)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY USA

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 ELDERLIFE FINANCIAL LENDING, LLC				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 100 BLUEGRASS COMMONS BLVD, BLDG 1, STE 120	CITY HENDERSONVILLE	STATE TN	POSTAL CODE 37075	COUNTRY USA

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

All Fixtures appurtenant to:

**419 E 42nd St
Chicago IL 60653
PARCEL ID: 20-03-220-009-0000**

LEGAL DESCRIPTION:

A PARCEL OF LAND LOCATED IN THE STATE OF ILLINOIS, COUNTY OF COOK, WITH A SITUS ADDRESS OF 419 E 42ND ST, CHICAGO, IL 60653-2711 CURRENTLY OWNED BY HENSON MARTHA FAYE HAVING A TAX ASSESSOR NUMBER OF 20-03-220-009-0000 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS WEST40 FT LOT7 SUB LOTS B-F PART N2 S2 SW4 NE4 SEC03 S03 T38N R14E 3P AND DESCRIBED IN DOCUMENT NUMBER 203002 DATED AND RECORDED 03/25/1997.

Original Loan Amount: \$22,800.00

Pursuant to the Memorandum of Agreement dated 08/01/2022, whereby Martha Henson (borrower(s)) promise to pay the total sum due under the Promissory Note borrowers have with Elderlife Financial Lending, LLC with the proceeds of the sale or refinancing of the above referenced subject property.

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

Henson

FIRST PERSONAL NAME

Martha

ADDITIONAL NAME(S)/INITIAL(S)

Faye

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):

16. Description of real estate:

**419 E 42nd St
Chicago IL 60653**

PARCEL ID: 20-03-220-009-0000

LEGAL DESCRIPTION:

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17. MISCELLANEOUS: