

# UNOFFICIAL COPY

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Karen A. Yarbrough  
Cook County Clerk  
Date: 11/03/2022 09:46 AM Pg: 1 of 3

## 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) 46322 - SunTrust Bank	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	89675568  ILIL FIXTURE

File with: Cook, IL

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 STIGER		FIRST PERSONAL NAME FABIAN	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 14 N WABASH AVE		CITY GLENWOOD	STATE IL	POSTAL CODE 60425-1413	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

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 SERVICE FINANCE COMPANY, LLC					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 555 S FEDERAL HIGHWAY STE 200		CITY BOCA RATON	STATE FL	POSTAL CODE 33432	COUNTRY USA

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

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:

89675568 3571519

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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	STIGER	
		FIRST PERSONAL NAME	FABIAN	
		ADDITIONAL NAME(S)/INITIAL(S)	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):

**ANTONIO & MARIE ORTIZ**

16. Description of real estate:

**Parcel ID:  
32-03-307-024-0000**

**PARCEL #: 32-03-307-024-0000**

**STIGER  
14 N WABASH AVE  
GLENWOOD 60425  
[ See Exhibit for Real Estate ]**

17. MISCELLANEOUS: 89675668-IL-31 46322 - SunTrust Bank

SERVICE FINANCE COMPANY, LLC File with: Cook, IL 3571519

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**Debtor:** STIGER, FABIAN

## Exhibit for Real Estate

**16. Description of real estate:** Continued

LEGAL DESCRIPTION: PARCEL 1: LOT 9 IN BLOCK 3  
IN M.K. SWEET'S SUBDIVISION OF THE WEST 572  
FEET OF THE NORTHWEST QUARTER OF THE  
SOUTHWEST QUARTER OF SECTION 3 TOWNSHIP  
35 NORTH, RANGE 14, EAST OF THE THIRD  
PRINCIPAL MERIDIAN

PARCEL 2: LOT 10 IN BLOCK 3 IN M.K. SWEET'S  
SUBDIVISION OF THE WEST 572 FEET OF THE  
NORTHWEST QUARTER OF THE SOUTHWEST  
QUARTER OF SECTION 3 TOWNSHIP 35 NORTH,  
RANGE 14, EAST OF THE THIRD PRINCIPAL  
MERIDIAN

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01/04/2019

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