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Karen A. Yarbrough Cook County Clerk

	CC FINANCING STATEMENT  LOW INSTRUCTIONS		Date: 11/28/2022 03:45 PI	vIPg: 1 o	f 3			
A.	NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		Ί					
В.	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com		Ì					
Ċ.	SEND ACKNOWLEDGMENT TO: (Name and Address)							
	2445 25791 CSC 801 Adlai Stevenson Drive							
	Carinafiold II 62702	ed In: Illinois (Cook)						
	DEDTODIC MANE. P. M.				OR FILING OFFICE USE			
	DEBTOR'S NAME: Provide only and other name (1a or 1b) (use exact, full name will not fit in line 1b, leave all ofem 1 block, check here and provide 1a. ORGANIZATION'S NAME		, modity, or abbreviate any part of tor information in item 10 of the F					
	Ia. UKGANIZATION S NAME							
OR	1b. INDIVIDUAL'S SURNAME  Lara	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
1c.	MAILING ADDRESS 2206 176th PI	CITY Lansing		STATE IL	POSTAL CODE 60438	COUNTRY		
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact or lame will not fit in line 2b, leave all of item 2 blank, check here and provide		, modify, or abbreviate any part o tor information in item 10 of the F					
	2a. ORGANIZATION'S NAME	70						
OR	2b. INDIVIDUAL'S SURNAME	FIRST PEP 30N	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
2c.	MAILING ADDRESS	CITY	77/1	STATE	POSTAL CODE	COUNTRY		
3. 5	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY): Pr	ovide only one Se ureo Party na	ne (3a or 3t	p)	•		
	3a. ORGANIZATION'S NAME Cross River Bank and its succe	DRGANIZATION'S NAME Cross River Bank and its successors and assigns c/o Marl∉tte Servicing, LLC						
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
3c.	MAILING ADDRESS 3419 Silverside Road	CITY Wilmingto	n	DE	POSTAL CODE	COUNTRY		
eff Fix ha an Pr Bu Ba	COLLATERAL: This financing statement covers the following collateral: fixtures now or hereafter securely and/or permane ects and household goods or appliances that are recture Definition: An object physically and permaner we the following method of attachment; bolted, screy other part of the home.  Opposed Fixtures include but not limited to: illt-in cabinets and shelving other vanities with fixtures.	not consider ntly attached	ed fixtures under app d or fastened to the p	olicable roperty	law. . This includes ite	ms that		
5. c	heck <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust	(see UCC1Ad, iter	n 17 and Instructions)beir	ng administe	ered by a Decedent's Persona	ıl Representative		

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:	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/Buy	er Bailee/Bailor Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA:	

2445 25791

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### **UCC FINANCING STATEMENT ADDENDUM**

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem	nent; if line 1b was left blank				
because Individual Debtor name did not fit, check here  9a. ORGANIZATION'S NAME					
R 9b. INDIVIDUAL'S SURNAME Lara					
FIRST PERSONAL NAME Eric					
ADDITIONAL NAME(S)/INIT.AL(S)	SUFFIX	THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
DEBTOR'S NAME: Provide (10a or 10', or ly one additional Debtor na do not omit, modify, or abbreviate any part of the Cobtor's name) and enter		line 1b or 2b of the F	inancing S	statement (Form UCC1	) (use exact, full na
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	7				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<del>*0</del> /				SUFFIX
L. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	SIGNOR SECURED FARTY'S	S NAME: Provide of	nly <u>one</u> na	I ame (11a or 11b)	
11a. ORGANIZATION'S NAME					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	0,	ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
MAILING ADDRESS	СІТУ	0	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):		<del></del>	.0		
			(	Office	
This FINANCING STATEMENT is to be filed (for record) (or recorded) REAL ESTATE RECORDS (if applicable)	in the 14. This FINANCING STATEM	_	extracted o	collateral 🔽 is filed	l as a fixture filing
REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item (If Debtor does not have a record interest):  TIC Lara	covers timber to be c	ut covers as-	extracted (	collateral 🗾 is filed	l as a fixture filing
REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item (If Debtor does not have a record interest): rIC Lara 206 176th PI ansing, IL 60438	covers timber to be c	ut covers as-	extracted o	collateral 🗹 is filed	l as a fixture filing
Name and address of a RECORD OWNER of real estate described in item	covers timber to be countries	ut covers as-	extracted (	collateral 🗹 is filed	l as a fixture filing

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#### Exhibit A

LOT 29 AND THE EAST 20 FEET OF LOT 30 IN FRANK'S MANOR, BEING A SUBDIVISION OF PART OF LOT 3 IN SUBDIVISION OF PART OF THE SOUTHEAST 1/4 AND THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4, (EXCEPT THE NORTH 8 RODS OF THE EAST 80 RODS) OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4, OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

