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Doc#. 2234041152 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

	CC FINANCING STATEMENT LOW INSTRUCTIONS		Date: 12/06/2022 12:00 P	M Pg: 1 c	f 3	
A.	NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		İ			
В.	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com		Ì			
Ċ.	SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
[	2450 52737 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 File	d In: Illinois (Cook)	THE ABOVE SP	ACE IS FO	OR FILING OFFICE USE (	ONLY
	DEBTOR'S NAME: Provide only work or hame (1a or 1b) (use exact, full name will not fit in line 1b, leave all of "" blank, check here and provide		, modify, or abbreviate any part of tor information in item 10 of the			
	1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S SURNAME Rygelis	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c.	MAILING ADDRESS 1644 Idlewild Lane	CITY	d	STATE IL	POSTAL CODE 60430	COUNTRY
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact out		modify, or abbreviate any part of the torinformation in item 10 of the			
	2a. ORGANIZATION'S NAME	TO			γ	
OR	2b. INDIVIDUAL'S SURNAME	FIRST PEP 30N	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c.	MAILING ADDRESS	CITY	7/1	STATE	POSTAL CODE	COUNTRY
3. 5	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU					<b>'</b>
	39. ORGANIZATION'S NAME Cross River Bank and its succe	essors and a	assigns c/o Marl⊘tte	Servicin	g, LLC	
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS 3419 Silverside Road	CITY Wilmington	n	DE	POSTAL CODE	COUNTRY
eff Fix ha an Pr Bu Ba	CLLATERAL: This financing statement covers the following collateral: fixtures now or hereafter securely and/or permane fects and household goods or appliances that are noture Definition: An object physically and permanent ve the following method of attachment; bolted, screey other part of the home.  Toposed Fixtures include but not limited to: hilt-in cabinets and shelving atthroom vanities the part of the home.	not consider ntly attached	ed fixtures under ap I or fastened to the p	plicable property	law. . This includes ite	ms that
5.0	theck only if applicable and check only one boy. Collateral is held in a Trust	(non HCC1Ad Ha-	a 17 and Instructions)	na odminista	and by a Donodont's Possess	al Poprocentative

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/But	yer Bailee/Bailor Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA:	

2450 52737

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#### **UCC FINANCING STATEMENT ADDENDUM**

9a. ORGANIZATION'S NAME						
D. ANDVICTOR OF CONTRACT						
9b. INDIVIDUAL'S SURNAME Rygelis						
FIRST PERSONAL NAME						
Egle  ADDITIONAL NAME(SYINIT IAL <sup>(S)</sup>	Isu	FFIX				
0			THE ABOVE	SPACE	IS FOR FILING OFFI	CE USE ONL'
DEBTOR'S NAME: Provide (10a or 10', o ly one additional Debtor name						
do not omit, modify, or abbreviate any part of the Soblor's name) and enter the 10a. ORGANIZATION'S NAME	mailing address in i	ne 1UC				
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
O,	<b></b>					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4					SUFFIX
 . MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNT
ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURE	FARTY'S	NAME: Provide o	niv one na	ame (11a or 11b)	
11a. ORGANIZATION'S NAME		Dx.				
11b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME		ADDITIO	NAL NAME(S)/INITIAL(	S) SUFFIX
			()		(17)	,
MAILING ADDRESS	CITY		100	STATE	POSTAL CODE	COUNTI
ADDITIONAL SPACE FOR ITEM 4 (Collateral):			<del></del>	1		
ADDITIONAL SI AGET ON THEM 4 (Collaborary).			4	S		
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					I'i'CO	
▼ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	e 14. This FINANC	ING STATEME	NT:		The co	
REAL ESTATE RECORDS (if applicable)	covers t	mber to be cut	NT:	extracted		as a fixture filinț
REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16  (If Debtor does not have a record interest):	covers t	mber to be cut	covers as-	extracted		as a fixture filin
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REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): gle Rygelis  644 Idlewild Lane	covers t	mber to be cut of real estate: 6-403-018	covers as-	extracted ·		as a fixture filing
REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): gle Rygelis 644 Idlewild Lane  omewood, IL 60430	16. Description of APN: 32-0	mber to be cut of real estate: 6-403-018 ddress:	covers as-	extracted o		as a fixture filinç
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#### Exhibit A

LOT 61 (EXCEPT THE WEST 5 FEET THEREOF) IN O. REUTER AND COMPANY'S IDLEWILDE TERRACE, BEING A SUBDIVISION OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF SECTION 6, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED APRIL 5, 1921 AS DOCUMENT 7103704, IN COOK COUNTY, ILLINOIS.

