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Doc#. 2234019006 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

UCC FINANCING STATEMENT	Date: 12/06/2022 09:22 AM	IPg: 1 o	f 3	
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	1			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
			OR FILING OFFICE USE C	
1. DEBTOR'S NAME: Provide only 200 Dobtor name (1a or 1b) (use exact, full in name will not fit in line 1b, leave all of them 1 blank, check here and provide the name will not fit in line 1b, leave all of them 1 blank, check here	name; do not omit, modify, or abbreviate any part of he Individual Debtor information in item 10 of the Fi			
1a. ORGANIZATION'S NAME	ne morrodal Deptor miorination in term to or the Fr	nanong ot	atement Addendam (Form OC	
OR 1b. INDIVIDUAL'S SURNAME Zafra	FIRST PERSONAL NAME Nicholas	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 14800 Homan Ave	стү Midlothian	STATE	POSTAL CODE 60445	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use example)	 	the Debtor	 's name): if any part of the Inc	lividual Debtor's
	e ' dividual Debtor information in item 10 of the F			
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PEP 30N AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only one Se ureo Party nam	e (3a or 3t	0)	
3a. ORGANIZATION'S NAME Cross River Bank and its succes	ssors and assigns c/o Marlette S	ervicin	ng, LLC	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 3419 Silverside Road	сіту Wilmington	DE	POSTAL CODE	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: All fixtures now or hereafter securely and/or permanel effects and household goods or appliances that are not be fixture. An object physically and permanent have the following method of attachment; bolted, screany other part of the home.  Proposed Fixtures include but not limited to: Built-in cabinets and shelving Bathroom vanities  Light fixtures	ot considered fixtures under app tly attached or fastened to the p	licable operty	law. . This includes iter	ms that

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	ver Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

2449 51132

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

FOLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S because Individual Debtor name did not fit, check here	tatement; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME					
Zafra FIRST PERSONAL NAME					
Nicholas					
ADDITIONAL NAME(\$)/INITIAL(\$)	SUFFIX				
R		THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10'; only one additional Debt do not omit, modify, or abbreviate any part of the Sobror's name) and		line 1b or 2b of the F	inancing S	Statement (Form UCC1) (use	exact, full name
10a. ORGANIZATION'S NAME	onto the maning decrees in the 100				
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)	<del></del> Oz				SUFFIX
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	<u> </u>				
11. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED FARTY'S	S NAME: Provide o	only <u>one</u> na	ame (11a or 11b)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				C.P.	
11c. MAILING ADDRESS	СІТУ	0	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		<del></del>	<del></del>		
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<ol> <li>This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)</li> </ol>					
15. Name and address of a RECORD OWNER of real estate described in i	tem 16 16. Description of real estate:		extracted	collateral 🗹 is filed as a	fixture filing
(If Debtor does not have a record interest): Nicholas R Zafra	APN: 28-11-407-03	39			
14800 Homan Ave					
Midlothian, IL 60445	Property Address: 14800 Homan Ave				
Cook County	Midlothian, IL 6044				
	Cook County				
	See Exhibit A				
17. MISCELLANEOUS:					

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#### Exhibit A

Lot 38 and the North 5 feet of Lot 37 and the East 1/2 of the vacated alley lying West and adjoining in Block 7 in Markha-Idlothian Addition, being a Subdivision of the Southwest 1/4 (except the West 5 acres of the North 1/2 thereof) of the Southeast 1/4 and the West 1/2 of the Southwest 1/4 of the Southeast 1/4 of Section 11, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number(s): 28-11-407-039-0000

Property Address: 14800 Homan Ave., Midlothian, IL 60445

Property of Cook County Clark's Office