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2302015000

Doc# 2302015000 Fee \$93.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/20/2023 09:28 AM PG: 1 OF 2

A. NAME & PHONE OF CONTACT AT FILER (optional) FTL Finance (888)314-4588
B. E-MAIL CONTACT AT FILER (optional) customerservice@ftlfinance.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) FTL Finance 820 South Main Street Suite 300 St. Charles, MO 63301

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 Glispie	FIRST PERSONAL NAME William	ADDITIONAL NAME(S) / INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 4911 Mary Ct		CITY Country Cook Club Hills	STATE POSTAL CODE COUNTRY IL 60478

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 Glispie	FIRST NAME Lina	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 4911 Mary Ct		CITY Country Cook Club Hills	STATE POSTAL CODE COUNTRY IL 60478

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME FTL Finance			
OR			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 820 South Main Street Suite 300		CITY St. Charles	STATE POSTAL CODE COUNTRY MO 63301

4. COLLATERAL: This financing statement covers the following collateral:
evcon #W2B2104097 GAS FURNACE RGFIL20CE20MP12

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
2238677, William Glispie

S Y
P a
S y-1
SC Y
INTEK

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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

Glispie

FIRST PERSONAL NAME

William

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

Glispie

INDIVIDUAL'S FIRST PERSONAL NAME

Linda

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c MAILING ADDRESS

4911 Mary Ct

CITY

Country Cook Club Hills

STATE

IL

POSTAL CODE

60478

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):

Recorded Owner: William Glispie

Owner Address:

4911 Mary Ct

Country Cook Club Hills, IL 60478

16. Description of real estate:

APN: 25-22-306-062-0000 / HYDE PARK / CHICAGO / COOK COUNTY / LEGAL LOT 1 & 4 / Township Range

Section:

37N-14E-22 / LEGAL: L18-L19 XE99FT L19 B1

KENSINGTON SU BD S22 T37N R14E

17. MISCELLANEOUS:

International Association of Commercial Administrators (IACA)