## UNOFFICIAL COPY

Karen A. Yarbrough Cook County Clerk

UCC FINANCING STATEMENT	[	Date: 02/22/2023 12:39 Pl	M Pg: 1 o	f 3	
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2500 57174	$\neg$				
csc	ı				
801 Adlai Stevenson Drive Springfield, IL 62703					
Filed	l In: Illinois (Cook) I				
	(000)	THE ABOVE SP	ACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only and Dobtor name (1a or 1b) (use exact, full i	name; do not omit,				
	he Individual Debto	r information in item 10 of the F	inancing St	atement Addendum (Form U	JCC1Ad)
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
BARNES	EVE				
1c. MAILING ADDRESS 8844 S 82ND AVE	CITY		STATE	POSTAL CODE	COUNTRY
	HICKORY	HILLS	IL	60457	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex. ** .v". name will not fit in line 2b, leave all of item 2 blank, check here and prov. te t	1 .	modify, or abbreviate any part o or information in item 10 of the F		,	
2a. ORGANIZATION'S NAME	- idividual Debit	r information in team to of the r	manung o	atement Addendam (Form C	occiau)
	'				
OR 25. INDIVIDUAL'S SURNAME	FIRST PER JON 4	LNAME	ADDITIO	NAL NAME(\$)/INITIAL(\$)	SUFFIX
		/			
2c. MAILING ADDRESS	CITY	74	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Pro	vide only <u>one</u> Se Jureo Party na	me (3a or 3b	)	
3a. ORGANIZATION'S NAME MICROF					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			什么		
3c. MAILING ADDRESS P.O. Box 70085	CITY		STATE	POSTAL CODE	COUNTRY
	Albany			3 707	USA
4. COLLATERAL; This financing statement covers the following collateral: All of the Debtor's right, title and interest, now existing	and hereaf	ter arising, in and to	all of th	ne Equipment sub	ject to that
certain Lease No.193350 between Debtor as Lessee	and Microf,I	LC as Lessor,(ii) al	l insura	nce, warranty, rei	ntal and
other claims and rights to payment and chattel paper					
relating to the foregoing, and (iv) any other property o					
of Lessee's interest in the Equipment. For the purpose described in item 12 of the UCC1Ad attached hereto,					
parts and attachments, improvements and accessions					
INFORMATIONAL PURPOSES ONLY. THE PARTIE					
LESSEE HAS NO RIGHT TO SELL OR PLEDGE TH	E EQUIPME	NT, IT IS OWNED	BY LES	SOR AND LEAS	ED TO
LESSEE.					
	see UCC1Ad, item		_	red by a Decedent's Person	
6a. Check only if applicable and check only one box:    Public-Finance Transaction   Manufactured-Home Transaction	A Dahtor in	6b. Transmitting Utility		if applicable and check <u>only</u> tural Lien Non-UC	
	Consignee/Consign				nsee/Licensor

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

8. OPTIONAL FILER REFERENCE DATA:

## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement, because Individual Debtor name did not fit, check here	; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME					
BARNES FIRST PERSONAL NAME					
EVE					
ADDITIONAL NAME(SYINITIAL/S)	SUFFIX				
U DEDVODIO UUU				IS FOR FILING OF	
10. DEBTOR'S NAME: Provide (10a or 10'), or ly one additional Debtor name do not omit, modify, or abbreviate any part of the Cobtor's name) and enter the		line 1b or 2b of the F	inancing S	Statement (Form UCC1	) (use exact, full name
10a. ORGANIZATION'S NAME					
OR 10b. INDIVIDUAL'S SURNAME					
IUD. INDIVIDUAL S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<b>3</b>				SUFFIX
INDIVIDUAL S ADDITIONAL INCIDENTIALIS	4				SOFFIX
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	<u> </u>				
11. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURE ) FARTY	S NAME: Provide o	only <u>one</u> n	ame (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	C/	ADDITIC	NAL NAME(\$)/INITIAL	(S) SUFFIX
11c. MAILING ADDRESS	CITY	0	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2023 CARRIER 58SC0A090E2116 4 TONS	·	1	Ś		
				(C)	
				C	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	e 14. This FINANCING STATE	MENT:			
REAL ESTATE RECORDS (if applicable)	covers timber to be	_	extracted	collateral 🔽 is filed	d 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): 8844 S 82ND AVE	16. Description of real estate see exhibit attache				
8844 S 82ND AVE HICKORY HILLS, IL 60457-1445	See exhibit attache	<del>,</del> u			
THOROTT THEEO, IE OUTO! 1440					
17. MISCELLANEOUS:					
RTO-000193350					

Lot 47 in Frederick H. Bartlett's 93<sup>rd</sup> Street Farms being a Subdivision of the North-West 1/2 of the South East 1/4 and part of the West 1/2 of the North East 1/4 of Suc ion 2.

Township 37 North, Range 12, East of the Third Principal Merkitien, in Cook County, Illinois.

PIN# 23-02-200-020-0000

COMMONLY KNOWN AS: 8844 South 82nd Avenue

Hickory Hills, Illinois 60457

Property of Cook County Clark's Office