## UNOFFICIAL COPY

Doc#. 2310013026 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Date: 04/10/2023 09:26 A	AM Pg: 1 o	73		
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		'i				
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscglobal.com		Ī				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1				
2527 81439 CSC						
801 Adlai Stevenson Drive						
Springfield, IL 62703 Filed	l In: Illinois					
	(Cook)	THE ABOVE SE	ACE 16 E0	B EII ING GEEIGE H	SE ONLY	
1. DEBTOR'S NAME: Provide only are Cobtor name (1a or 1b) (use exact, full r	name; do not omit			R FILING OFFICE US 's name); if any part of th		
		tor information in item 10 of the				
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)		
BUCKHANA	JAMES				) SUFFIX	
1c. MAILING ADDRESS 1248 S 12TH AVE	CITY MAYWOO	D	STATE	POSTAL CODE 60153	COUNTRY	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use example of them 2 blank, check here and prov. to the control of them 2 blank, check here and prov. to the control of the co		, modify, or abbreviate any part tor information in item 10 of the				
2a. ORGANIZATION'S NAME	70					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PER 30N AL NAME		ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)		
2c. MAILING ADDRESS	CITY	7/1	STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Pr	ovide only <u>one</u> Se Jureo Party n	ame (3a or 3b	)	<u> </u>	
3a. ORGANIZATION'S NAME MICTOF		6/2				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	) SUFFIX	
3c. MAILING ADDRESS P.O. Box 70085	сітү <b>Albany</b>		GT. TE	POSTAL CODE	COUNTRY	
4. COLLATERAL; This financing statement covers the following collateral: All of the Debtor's right, title and interest, now existing	and haras	for original in and t	o oll of th	a Californant o	things to that	
certain Lease No. 195692 between Debtor as Lessee						
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 PARTIES						
LESSEE HAS NO RIGHT TO SELL OR PLEDGE THI LESSEE.	E EQUIPM	ENT, IT IS OWNED	BY LES	SOR AND LEA	SED TO	
LEGGEE.						
5. Check only if applicable and check only one box: Collateral is held in a Trust (	see UCC1Ad, iter	n 17 and Instructions) be	ing administe	red by a Decedent's Pers	sonal Representative	
6a. Check only if applicable and check only one box:	,			f applicable and check <u>o</u>	· ·	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is	a Transmitting Utility	Agricul	ural Lien Non-U	ICC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consig	nor Seller/Buyer	Ва	lee/Bailor Li	icensee/Licensor	

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

8. OPTIONAL FILER REFERENCE DATA:

## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT ADDENDUM**

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  15. Name and address of a RECORD WINER of real estate described in item 16 (if Description of real estate: See exhibit attached)  16. Description of real estate: See exhibit attached	FOLLOW INSTRUCTIONS					
96. GROWEATON'S IMAME BUCKHANA FIRST PERSONAL NAME. JAMES ADDITIONAL NAME. SPRING PERSONAL NAME. JAMES ADDITIONAL NAME. SPRING PERSONAL NAME. JAMES ADDITIONAL NAME. SPRING PERSONAL NAME. JAMES ADDITIONAL SPRING POWER ("See "File "See "See "See "See "See "See "See "S		if line 1b was left blank				
SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFI USE ONLY  THE ABOVE SPACE IS						
BUCKHANA    FIRST PERSONAL NAME   DAMES						
BUCKHANA  FIRST PERSONUL NAME  ADDITIONAL NAME(SYNIPPALES)  THE ABOVE SPACE IS FOR PILING OFFICE USE ONLY  THE ABOVE SP						
The PRICH PROCNAL NAME (JAMES)   SUFFIX	9b. INDIVIDUAL'S SURNAME					
ADDITIONAL NAME(SYNTIAL'S)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. DEBTOR'S NAME: Provide (100 or 100 (bit) your additional Debtor name or Debtor name that did not fit in line 10 or 25 of the Financing Statement (Form UCC1) (see exect, Mill not do not not not), or abbreviate any part of the 4-bitor's name) and enter the mailing address in line 10.  100. ORGANIZATIONS NAME  100. INDIVIDUAL'S SURVAME  110. INDIVIDUAL'S SURVAME  111. ADDITIONAL SECURED PARTY'S NAME  112. MAILING ADDRESS  113. ADDITIONAL SECURED PARTY'S NAME  114. ORGANIZATIONS NAME  115. INDIVIDUAL'S SURVAME  116. MAILING ADDRESS  117. MAILING ADDRESS  118. POSTAL CODE  119. This FINANCING STATEMENT is to be fited [for record] (or recorded) in the 16 or						
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. DESTOR'S NAME: Provide (166 or 100, 50) young additional Debot name or Debtor name that did not fit in line to or 26 of the Financing Statement (Form UCC1) (use exact, full red on 10 only, modify, or abbreriate any part of the displant name) and enter the mailing address in line 10:  10c. ORGANIZATION'S NAME  10c. INDIVIDUAL'S SURNAME  10c. MAILING ADDRESS  11. MAILING ADDRESS  12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)  13. Phis FINANCING STATEMENT is to be filed if or record (or recorded) in the 15 office of the 15 of	JAMES					
10. DEBTOR'S NAME: Provide rols or 10% by case additional Debtor name and add not fit in line to or 2b of the Financing Statement (Form UCC1) (use exact, full rise of normal mode), and entire the mailing additions in line 10c.  10a. ORGANIZATION'S NAME    NOTIFICIAL SECURED PARTY'S NAME   POSTAL CODE   COUNTR'	ADDITIONAL NAME(SYINIT (ALTS)	SUFFIX				
do not not, not abreviste any part 2-th 6 disport name) and enter the mailing address in line 10c  Top. (RGANIZATION'S NAME)  Top. (RGANIZATION'S NAME)  INDIVIDUAL'S SIRRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S RESERVED PARTY'S NAME  ITL. (RAMLING ADDRESS)  ITL. (ROSANIZATION'S NAME)  ITL. (ROSANIZATION'S N	10. DEBTOR'S NAME: Provide (10s of 10', on by one additional Debtor name of	or Debtor name that did not fit in				
OR TOLINDIVIDUAL'S SURNAME  INDIVIDUAL'S SU	do not omit, modify, or abbreviate any part of the Sobtor's name) and enter the					, (000 0/1001) / 1011 / 1011 / 1011
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  10c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11a. ORGANIZATION'S NAME  OR  11b. INDIVIDUAL'S SURNAME  PRESENDED FARTY'S NAME: Provide only gage name (11a or 11b)  11a. ORGANIZATION'S NAME  OR  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME:  ADDITIONAL SPACE FOR ITEM 4 (Collaboral):  GAS FURNACE SYSTEM - A/C, EVAP COIL, FURNACE  12. ADDITIONAL SPACE FOR ITEM 4 (Collaboral):  GAS FURNACE SYSTEM - A/C, EVAP COIL, FURNACE  15. Name and address of a RECORD OWNER of real estate described in item 18  17b. Name of address of a RECORD OWNER of real estate described in item 18  17c. Name of the personal name of the personal object in the personal	10a. ORGANIZATION'S NAME					
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  10c. MAILING ADDRESS  CITY  STATE  POSTAL CCODE  COUNTRY  11c. ADDITIONAL SECURED PARTY'S NAME  T1d. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  SUFFIX  11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11d. ADDITIONAL SPACE FOR ITEM 4 (Collisional):  GAS FURNACE SYSTEM - A/C, EVAP COIL, FURNACE  11d. With FINANCING STATEMENT is to be filed (for record) (or recorded) in the least temporal substance of the collisional or substance or sub	OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX						_
10c. MAILING ADDRESS  OITY  STATE  POSTAL CODE  COUNTRY  11ta. ORGANIZATION'S NAME  OR  11tb. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  OR  11tb. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  OTY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  12. ADDITIONAL SPACE FOR ITEM 4 (Collatoral):  GAS FURNACE SYSTEM - A/C, EVAP COIL, FURNACE  13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT:  COVERS imber to be cut  COUNTRY  15. Name and address of a RECORD OWNER of real estate described in item 16 (or Description of real estate.)  16. Description of real estate.  See exhibit attached  17. MISCELLANEOUS:	INDIVIDUAL'S FIRST PERSONAL NAME	_				
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED FARTY'S NAME: Provide only one name (11s or 11b)  11s. ORGANIZATION'S NAME  OR 11s. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  SUFFIX  11c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): GAS FURNACE SYSTEM - A/C, EVAP COIL, FURNACE  13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)  15. Name and address of a RECORD OWNER of real estate described in Item 16 12/48 S 12TH AVE  MAYWOOD, IL 60153-1964  17. MISCELLANEOUS:	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED FARTY'S NAME: Provide only one name (11s or 11b)  11s. ORGANIZATION'S NAME  OR 11s. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINTIAL(S))  SUFFIX  CITY  STATE POSTAL CODE  COUNTRY  12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): GAS FURNACE SYSTEM - A/C, EVAP COIL, FURNACE  13. This FINANCING STATEMENT is to be fled [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  To covers limber to be out covers as-extracted collateral  15. Name and address of a RECORD OWNER of real estate described in item 16 (1248 S 12TH AVE)  MAYWOOD, IL 60153-1964  17. MISCELLANEOUS:		$\tau_{\circ}$		1	<b>I</b>	
11s. ORGANIZATION'S NAME  11st. INDIVIDUAL'S SURNAME  11st	10c. MAILING ADDRESS	СІТУ		STATE	POSTAL CODE	COUNTRY
T1a. ORGANIZATION'S NAME    T1b. INDIVIDUAL'S SURNAME	11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	IOR SECURED PARTY'S	3 NAME: Provide o	only <u>one</u> na		
11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  GAS FURNACE SYSTEM - A/C, EVAP COIL, FURNACE  13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  15. Name and address of a RECORD OWNER of real estate described in item 16 (10 Description of real estate: see exhibit attached)  16. Description of real estate: see exhibit attached  17. MISCELLANEOUS:		77%				
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  GAS FURNACE SYSTEM - A/C, EVAP COIL, FURNACE  13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  15. Name and address of a RECORD OWNER of real estate described in item 16 (if Description of real estate: see exhibit attached  16. Description of real estate: see exhibit attached  17. MISCELLANEOUS:	OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
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13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  1248 S 12TH AVE  MAYWOOD, IL 60153-1964  17. MISCELLANEOUS:	11c. MAILING ADDRESS	CITY	0	STATE	POSTAL CODE	COUNTRY
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MAYWOOD, IL 60153-1964  17. MISCELLANEOUS:						
	17. MISCELLANEOUS: RTO-000195692					

2310013026 Page: 3 of 3

LOT 85 (EXCEPT THE NORTH 52.88 FEET) IN SEMINARY ADDITION TO MAYWOOD IN SECTION 15, TOWNSHIP 39 NORTH, RANGE VALUES OF THE THIRD PRINCIPAL MIRDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number:

15-15-213-024-0000

Property Address:

1248 S. 12th Ave, Maywood, IL 60153

Property of County Clerk's Office