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Doc#. 2311541155 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 04/25/2023 12:50 PM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | |
| B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 46322 - SunTrust Bank | |
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 92592376 ILIL FIXTURE |

File with: Cook, IL

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 KLAUER | | FIRST PERSONAL NAME MICHAEL | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 749 S ORCHARD DR | | CITY BARRINGTON | STATE IL | POSTAL CODE 60010 | COUNTRY USA |

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 | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

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

| | | | | | |
|---|--------------------------|--------------------|---------------------|-------------------------------|----------------|
| 3a. ORGANIZATION'S NAME SERVICE FINANCE COMPANY, LLC | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 555 S FEDERAL HWY #200 | | CITY BOCA RATON | STATE FL | POSTAL CODE 33432 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
WINDOWS/ DOORS

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:

92592376 3094855

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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 | KLAUER | |
| | | FIRST PERSONAL NAME | MICHAEL | |
| | | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |

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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 | | | |
| | | INDIVIDUAL'S FIRST PERSONAL NAME | | | |
| | | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 10c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | 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):

Lauren Klauer 2022 Living Trust / Klauer
Lauren B

16. Description of real estate:

Parcel ID:
01-02-408-004-0000

KLAUER
749 S ORCHARD DR
BARRINGTON IL 60010-4138

COOK COUNTY
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 92592376-IL-31 46322 - SunTrust Bank

SERVICE FINANCE COMPANY, LLC File with: Cook, IL 3094855

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Debtor: KLAUER, MICHAEL

Exhibit for Real Estate

16. Description of real estate: Continued

LEGAL DESCRIPTION: LOT 35 IN BARRINGTON
HIGHLANDS FIRST ADDITION, BEING A SUBDIVISION
OF PART OF THE SOUTHEAST QUARTER OF
SECTION 2, TOWNSHIP 42 NORTH, RANGE 9, EAST
OF THE THIRD PRINCIPAL MERIDIAN, IN COOK
COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

