## UNOFFICIAL CO

Doc#, 2315855265 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 06/07/2023 03:32 PM Pg: 1 of 3

**UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) 1-800-858-5294 CSC B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2573 09032 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Illinois (Cook) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only air obtor 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 .cm / h'enk, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME OF 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX HYDZIK **EWA** 1c. MAILING ADDRESS 700 GRACELAND AVE #604 POSTAL CODE COUNTRY DES PLAINES 60016 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact ame; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's مسابق name will not fit in line 2b, leave all of item 2 blank, check here 🔲 and prov. ie \* o \* dividual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PER JON AL 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 Se ureo Party name (3a or 3b) 3a. ORGANIZATION'S NAME Microf 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS P.O. Box 70085 STATE POSTAL CODE COUNTRY Albany 31707 USA 4. COLLATERAL; This financing statement covers the following collateral:
All of the Debtor's right, title and interest, now existing and hereafter arising, in and to all of the Equipment subject to that certain Lease No. 198681 between Debtor as Lessee and Microf, LLC as Lessor, (ii) all insurance, v an anty, rental and other claims and rights to payment and chattel paper arising out of such Equipment, (iii) all books, records and proceeds relating to the foregoing, and (iv) any other property or rights to which the Lessee may be or become entitled by reason of Lessee's interest in the Equipment. For the purposes of this financing statement, "Equipment" shall be further described in item 12 of the UCC1Ad attached hereto, and includes all substitutions, replacements, upgrades, repairs, parts and attachments, improvements and accessions thereto. THIS FILING IS FOR PRECAUTIONARY AND INFORMATIONAL PURPOSES ONLY. THE PARTIES CONSIDER THIS TRANSACTION TO BE A TRUE LEASE. LESSEE HAS NO RIGHT TO SELL OR PLEDGE THE EQUIPMENT, IT IS OWNED BY LESSOR AND LEASED TO LESSEE. 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: Agricultural Lien Non-UCC Filina A Debtor is a Transmitting Utility 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

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

8. OPTIONAL FILER REFERENCE DATA:

## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT ADDENDUM**

9a. ORGANIZATION'S NAME						
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R 9b. INDIVIDUAL'S SURNAME HYDZIK						
FIRST PERSONAL NAME EWA						
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DEBTOR'S NAME: Provide (10a or 10', or ly one additional De					S FOR FILING OFFICE tatement (Form UCC1) (us	
do not omit, modify, or abbreviate any part of the Sobfor's name) and 10a. ORGANIZATION'S NAME	nd enter the mailing address	s in line 10c				
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME	<u> </u>					
	0					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4					SUFFIX
MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECU	RED FARTY	S NAME: Provide o	only <u>one</u> na	I ime (11a or 11b)	
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11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	0,	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

PARCEL I: 2315855265 Page: 3 of 3

UNIT NO. 604 IN 700 GRACELAND CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOTS 2 AND 3 IN BLOCK 7 IN PARSONS AND LEE'S ADDITION TO DES PLAINES, BEING A SUBDIVISION OF PART OF SECTION 17 AND 20, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS;

WHICH PLAT OF SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM OWNERSHIP MADE BY THE FIRST NATIONAL BANK OF DES PLAINES, A NATIONAL BANKING ASSOCIATION, AS TRUSTEE UNDER TRUST AGREEMENT DATED SEPTEMBER 9, 1985 AND KNOWN AS TRUST NUMBER 16451645, RECORDED SEPTEMBER 17, 1986 AS DOCUMENT NUMBER 86421126 TOGETHER WITH THE UNDIVIDED PERCENTAGE INTEREST APPURTENANT TO SAID UNIT IN THE PROPERTY DESCRIBED IN SAID DECLARATION OF CONDOMINIUM, AFORESAID (EXCEPTING THEREFROM THE OTHER SPACE AND UNITS AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY).

**ALSO** 

PARCEL II:

THE EXCLUSIVE RIGHT AND USE OF LIMITED COMMON ELEMENTS KNOWN AS GARAGE SPACE P-38 AND

STORAGE SPACE S-604 AND CARKING SPACE P-70. Permanent Index Number(s): 09-17-423-029-1036

Property Address: 700 Graceland Avenue, #604, Des Plaines, IL 60016

SPACE P-79.
9-1036
9604, Des Plaines, IL 60016

ATGF, INC.