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Karen A. Yarbrough Cook County Clerk

| UCC FINANCING STATEMENT  |                  | Date: 06/09/2023 10:24 AM   | Pg: 1 o   | f3                               |                   |
|--|------------------|---|-----------|----------------------------------|-------------------|
| 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)  |                  |   |           |                                  |                   |
| 2575 14832   |                  |   |           |                                  |                   |
| CSC<br>801 Adlai Stevenson Drive   |                  |   |           |                                  |                   |
| Corinatiold II 62702   | d In: Illinois   |   |           |                                  |                   |
|  | (Cook)           |   |           |                                  |                   |
|  | `                | THE ABOVE SPACE   | E IS FO   | R FILING OFFICE USE O            | ONLY              |
| 1. DEBTOR'S NAME: Provide oni, பர் ம்btor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of மார் blank, check here and provide |                  |   | ne Debtor | 's name); if any part of the Inc | dividual Debtor's |
| 1a. ORGANIZATION'S NAME  |                  |   |           |                                  |                   |
| OR 1b. INDIVIDUAL'S SURNAME  | FIRST PERSONA    | L NAME  | ADDITIO   | NAL NAME(S)/INITIAL(S)           | SUFFIX            |
| TATE   | JOHNNIE          |   | Α         |                                  |                   |
| 1c. MAILING ADDRESS 1126 ELGIN AVE   | CITY             |   | STATE     | POSTAL CODE                      | COUNTRY           |
|  | FOREST F         | PARK  | IL        | 60130                            | USA               |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use example) name will not fit in line 2b, leave all of item 2 blank, check here and prov. te |                  | modify, or abbreviate any part of the ring information in item 10 of the Financian in |           |                                  |                   |
| 2a. ORGANIZATION'S NAME  | TO               |   |           |                                  |                   |
| OR 2b. INDIVIDUAL'S SURNAME  | FIRST PER SON    | L NAME  | ADDITIO   | NAL NAME(S)/INITIAL(S)           | SUFFIX            |
| 2c. MAILING ADDRESS  | CITY             | 4).   | STATE     | POSTAL CODE                      | COUNTRY           |
|  |                  |   |           |                                  |                   |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED   | JRED PARTY): Pro | vide only <u>one</u> Se ureo <sup>o</sup> arty name   | (3a or 3b | ))                               |                   |
| 3a. ORGANIZATION'S NAME Foundation Finance Company   | LLC              |   |           |                                  |                   |
| 3b. INDIVIDUAL'S SURNAME   | FIRST PERSONA    | AL NAME   | ADDITIO   | NAL NAME(S)/INITIAL(S)           | SUFFIX            |
| 3c. MAILING ADDRESS 10101 Market Street Suite B100   | CITY             |   |           | POSTAL CODE                      | COUNTRY           |
|  | Rothschild       |   | WI        | 51474                            | USA               |
| 4. COLLATERAL; This financing statement covers the following collateral: WINDOWS INSTALLED ON HOME.  |                  |   |           | THIC.                            |                   |
| JOHNNIE A TATE   |                  |   |           |                                  |                   |
| 1126 ELGIN AVE   |                  |   |           | CO                               |                   |
| FOREST PARK, IL 60130  |                  |   |           |                                  |                   |
| ·  |                  |   |           |                                  |                   |
|  |                  |   |           |                                  |                   |
|  |                  |   |           |                                  |                   |
|  |                  |   |           |                                  |                   |

| 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:       |
| Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility                              | Agricultural Lien Non-UCC Filing                           |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy                                 | /er Bailee/Bailor Licensee/Licensor                        |
| 8. OPTIONAL FILER REFERENCE DATA: 70138071 / 60479394  |  |

2575 14832

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#### **UCC FINANCING STATEMENT ADDENDUM**

| 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 of 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   | FOLLOW INSTRUCTIONS   |                                    |                        |                    |                            |                   |
|--|---|------------------------------------|------------------------|--------------------|----------------------------|-------------------|
| Superior Designations name  TATE  FRET PRESONAL NAME  JOHNNIE  ADDITIONAL NAME (SWITCHS) (a) year additional baster name or Debtor name to detail on the lines to or 20 of the Friending Statement (Form UCCI) was east, Millian and one of milliand to one of milli |   | if line 1b was left blank          |                        |                    |                            |                   |
| ### STATE   FIRST PERSONAL NAME   JOHNNIE   ADDITIONAL NAME(SYNITIALIS)   SUFFIX   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY    10. DEBTOR'S NAME: Provide (10s or 100 (5) by case additional Debtor name or Debtor name that did not fit in line 10 or 20 of the Financing Statement (Form UCC1) (see exact, Ma non do not contil, modify, or abbrorides any part of the Chiptor's name) and enter the mailing additions in line 10c.    The ABOVE SPACE IS FOR FILING OFFICE USE ONLY  |   |                                    |                        |                    |                            |                   |
| ### STATE   FIRST PERSONAL NAME   JOHNNIE   ADDITIONAL NAME(SYNITIALIS)   SUFFIX   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY    10. DEBTOR'S NAME: Provide (10s or 100 (5) by case additional Debtor name or Debtor name that did not fit in line 10 or 20 of the Financing Statement (Form UCC1) (see exact, Ma non do not contil, modify, or abbrorides any part of the Chiptor's name) and enter the mailing additions in line 10c.    The ABOVE SPACE IS FOR FILING OFFICE USE ONLY  |   |                                    |                        |                    |                            |                   |
| ### STATE   FIRST PERSONAL NAME   JOHNNIE   ADDITIONAL NAME(SYNITIALIS)   SUFFIX   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY    10. DEBTOR'S NAME: Provide (10s or 100 (5) by case additional Debtor name or Debtor name that did not fit in line 10 or 20 of the Financing Statement (Form UCC1) (see exact, Ma non do not contil, modify, or abbrorides any part of the Chiptor's name) and enter the mailing additions in line 10c.    The ABOVE SPACE IS FOR FILING OFFICE USE ONLY  |   |                                    |                        |                    |                            |                   |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  | 9b. INDIVIDUAL'S SURNAME  |                                    |                        |                    |                            |                   |
| ADDITIONAL NAME(SYNNTIALS)  DEBTOR'S NAME: Provide (10% or 10%, 13%) page additional Dabter name or Debtor name that did not fit in libre 1b or 2b of the Financing Statement (Form UCC1) (see exact, Nil hard do not call, excitly, or sabre-interest part of the dispor's name) and enter the mailing address in line 10c.  Top. ORGANIZATION'S NAME  Top. INDIVIDUAL'S SURNAME  NOTIFICAL SARRAME  NOTIFICAL SECURED PARTY'S NAME  NOTIFICAL SARRAME  NOTIFICAL SECURED PARTY'S NAME  TIL. MALING ADDRESS  OTY  STATE  POSTAL CODE  COUNTRY  TIL. ORGANIZATION'S NAME  FRST PERSONAL NAME  FRST PERSONAL NAME: Provide only gate name (I fa or 11b)  TIL. ORGANIZATION'S NAME  FRST PERSONAL NAME  FRST PERSONAL NAME: Provide only gate name (I fa or 11b)  TIL. MALING ADDRESS  OTY  STATE  POSTAL CODE  COUNTRY  TIL. MALING ADDRESS  OTY  STATE  POSTAL CODE  |   |                                    |                        |                    |                            |                   |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. DESTOR'S NAME: Provide (100 or 10%,0) to gas additional Debtor name or Debtor name that did not fit in line 10 or 20 of the Financing Statement (Form UCC1) (use exact, Mill name do not own, addition, addit | JOHNNIE   |                                    |                        |                    |                            |                   |
| 10. DEBTOR'S NAME: Provide (106 or 10% 0) by one additional before name or Debtor name that old not fit in line to or 26 of the Financing Statement (Form UCC1) (use exact, full name do not ont, notally, or abbreviate any part 4.7% 0) by one additional part of the financing Statement (Form UCC1) (use exact, full name do not ont, notally, or abbreviate any part 4.7% 0) by one and enter the mailing address in line 10:  106. ROANIZATION'S NAME    NORMOUAL'S SURRAME  |   | SUFFIX                             |                        |                    |                            |                   |
| do not only, or abeviate any part Virting Systems name) and enter the mailing address in line 10c    Toe, ORGANIZATION'S NAME  |   | an Dahkar mana Abak didunak Sik in |                        |                    |                            |                   |
| TIDE. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  ITTE. ORGANIZATION'S NAME  OR  ITTE. INDIVIDUAL'S SURNAME  OR  ITTE. INDIVIDUAL'S PROVIDE ONLY IN THE ORD OR INTITION  OR INTI |   |                                    | line 10 or 20 or the F | mancing s          | statement (Form OCC1) (use | exact, full name; |
| INDIVIDUAL'S SIRRAME IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11 a or 11 b) IT ASSIGNOR SECURED | 10a. ORGANIZATION'S NAME  |                                    |                        |                    |                            |                   |
| INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYNTIAL(S)  IT. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURE) FARTY'S NAME: Provide only one name (11s or 11b)  IT. ORGANIZATION'S NAME  IT. INDIVIDUAL'S SURVAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME: Provide only one name (11s or 11b)  IT. MALING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  11. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  IT. MALING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  IT. Name and address of a RECORD OWNER or real estate described in item 18  JOHNNIE A TAKE  TOWN OF THE PROVIDE OF THE STATE POSTAL CODE  COUNTRY  15. Name and address of a RECORD OWNER or real estate described in item 18  JOHNNIE A TAKE  TOWN OF THE PROVIDE OWNER OF THE STATE POSTAL CODE  COUNTY: COVER timber to be out covers as-extracted collateral owner time  Town of the provide only one several time to be out covers as-extracted collateral owner.  IT. Description of real estate:  COUNTY: COOK, IL APN: 15-13-431-010-0000 Munic/Township: PROVISO  SEE ATTACHED EXHIBIT A FOR FULL LEGAL.  | OR 10b. INDIVIDUAL'S SURNAME  |                                    |                        |                    |                            |                   |
| INDMIDUAL'S ADDITIONAL NAME(SYINITIAL(S)   SUFFIX  |   |                                    |                        |                    |                            |                   |
| 10c. MAILING ADDRESS  OITY  STATE POSTAL CODE  COUNTRY  11. ADDITIONAL SECURED PARTY'S NAME  11. ADDITIONAL SECURED PARTY'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  11. MAILING ADDRESS  OITY  STATE  POSTAL CODE  COUNTRY  12. ADDITIONAL SPACE FOR ITEM 4 (Collisteral):  13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the Real LESTATE RECORDS (if applicable)  14. This FINANCING STATEMENT:  COVERS timber to be out  COUNTRY  15. Name and address of a RECORD OWNER of real estate described in liem 16  JOHNIE'A TATE  ONLY  STATE  POSTAL CODE  COUNTRY  16. Description of real estate.  COUNTRY  16. Description of real estate.  COUNTRY  17. Name and address of a RECORD OWNER of real estate described in liem 16  JOHNIE'A TATE  ONLY  STATE  POSTAL CODE  COUNTRY  16. Description of real estate.  COUNTRY  17. Name and address of a RECORD OWNER of real estate described in liem 16  JOHNIE'A TATE  COUNTRY  18. This FINANCING STATEMENT:  COUNTRY  18. Description of real estate.  COUNTRY  19. Description of real estate.  COUNTRY   | INDIVIDUAL'S FIRST PERSONAL NAME  |                                    |                        |                    |                            |                   |
| 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED FARTY'S NAME: Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  OR  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S))  SUFFIX  CITY  STATE POSTAL CODE  COUNTRY  12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  13. This FINANCING STATEMENT is to be fied (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 (COUNTRY)  16. Description of real estate.  COUNTRY  17. Name and address of a RECORD OWNER of real estate described in item 16 (COUNTRY)  18. Description of real estate.  COUNTRY  19. STATE POSTAL CODE  COUNTRY  10. This FINANCING STATEMENT:  COVERS sub-extracted collateral IV is filed as a fixture filing.  16. Description of real estate.  COUNTRY  17. COOK, IL APN: 15-13-431-010-0000 Munic/Township: PROVISO  SEE ATTACHED EXHIBIT A FOR FULL LEGAL.  | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)                                    | <del>)</del> /                     |                        |                    |                            | SUFFIX            |
| 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED FARTY'S NAME: Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  OR  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S))  SUFFIX  CITY  STATE POSTAL CODE  COUNTRY  12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  13. This FINANCING STATEMENT is to be fied (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 (COUNTRY)  16. Description of real estate.  COUNTRY  17. Name and address of a RECORD OWNER of real estate described in item 16 (COUNTRY)  18. Description of real estate.  COUNTRY  19. STATE POSTAL CODE  COUNTRY  10. This FINANCING STATEMENT:  COVERS sub-extracted collateral IV is filed as a fixture filing.  16. Description of real estate.  COUNTRY  17. COOK, IL APN: 15-13-431-010-0000 Munic/Township: PROVISO  SEE ATTACHED EXHIBIT A FOR FULL LEGAL.  |   | $\tau_{\circ}$                     |                        |                    |                            |                   |
| 11s. CRGANIZATION'S NAME  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)  15. Name and address of a RECORD OWNER of real estate described in Item 16 JOHNNIE A TATE  ON THIS FINANCING STATEMENT (IS THE POSTAL CODE)  16. Description of real estate:  County: COOK, IL APN: 15-13-431-010-0000 Munic/Township:  PROVISO  SEE ATTACHED EXHIBIT A FOR FULL LEGAL.  | 10c. MAILING ADDRESS  | CITY                               |                        | STATE              | POSTAL CODE                | COUNTRY           |
| 11s. CRGANIZATION'S NAME  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)  15. Name and address of a RECORD OWNER of real estate described in Item 16 JOHNNIE A TATE  ON THIS FINANCING STATEMENT (IS THE POSTAL CODE)  16. Description of real estate:  County: COOK, IL APN: 15-13-431-010-0000 Munic/Township:  PROVISO  SEE ATTACHED EXHIBIT A FOR FULL LEGAL.  | 11 ADDITIONAL SECUPED DADTY'S NAME or ASSIGN                                  | NOD SECURE O PARTY                 | S NAME: Provide a      |                    | (11a as 11b)               |                   |
| 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 out   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) Description of real estate:   JOHNIE A TATE   POSTAL CODE   COUNTRY  16. Description of real estate:   Covers timber to be out   covers as-extracted collateral   is filed as a fixture filing  16. Description of real estate:   Country: COOK, IL APN: 15-13-431-010-0000 Munic/Township:   PROVISO     SEE ATTACHED EXHIBIT A FOR FULL LEGAL.  |   | VOK BECOKED JAKTI                  | O NAME. Ployde b       | only <u>one</u> na | ame (112 of 11b)           |                   |
| 11. 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)  15. Name and address of a RECORD OWNER of real estate described in item 16 (f) Option does not have a record interest):  JOHNINE A TATE  JOSEPHINE NAYLOR  1126 ELGIN AVE  FOREST PARK, IL 60130  | OR 445 INDIVIDUALIS SUPPLANTS   | FIRST DEDOCNAL NAM                 |                        | ADDITIO            | NIAL NIABRE/CY/INIITIAL/CY | PUEEIV            |
| 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 Debtro dags not beya a record interest):  JOHNNIE A TATE  JOSEPHINE NAYLOR  1126 ELGIN AVE  FOREST PARK, IL 60130  | TID. INDIVIDUAL S SURVANIE  | FIRST PERSONAL NAIVIE              |                        | ADDITIC            | NAC NAME(S) INTIAL(S)      | SOFFIX            |
| 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 goes not have a record interest):  JOSEPHINE NAYLOR  1126 ELGIN AVE  FOREST PARK, IL 60130  14. This FINANCING STATEMENT:   | 11c. MAILING ADDRESS  | СІТУ                               | 0,                     | STATE              | POSTAL CODE                | COUNTRY           |
| 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 goes not have a record interest):  JOSEPHINE NAYLOR  1126 ELGIN AVE  FOREST PARK, IL 60130  14. This FINANCING STATEMENT:   | 12 ADDITIONAL SPACE FOR ITEM 4 (Collateral):                                  |                                    | <del></del>            | 1                  |                            |                   |
| 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. ABBITION COTAGE TO THE MAY (OSINGBIA).                                    |                                    | •                      | S                  |                            |                   |
| 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  |   |                                    |                        |                    | $O_{c}$                    |                   |
| 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  |   |                                    |                        |                    |                            |                   |
| 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  |   |                                    |                        |                    | 'C                         |                   |
| Texal Estate Records (if applicable)    covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing  |   |                                    |                        |                    | Cv                         |                   |
| 15. Name and address of a RECORD OWNER of real estate described in item 16  JOHNNIE A TATE  JOSEPHINE NAYLOR  1126 ELGIN AVE  FOREST PARK, IL 60130  16. Description of real estate:  County: COOK, IL APN: 15-13-431-010-0000 Munic/Township:  PROVISO  SEE ATTACHED EXHIBIT A FOR FULL LEGAL.  | 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the | 14. This FINANCING STATE           | MENT:                  |                    |                            |                   |
| JOHNNIE A TATE  JOSEPHINE NAYLOR  1126 ELGIN AVE  FOREST PARK, IL 60130  County: COOK, IL APN: 15-13-431-010-0000 Munic/Township: PROVISO SEE ATTACHED EXHIBIT A FOR FULL LEGAL.   |   |                                    |                        | extracted          | collateral 🗾 is filed as a | fixture filing    |
| JOSEPHINE NAYLOR 1126 ELGIN AVE FOREST PARK, IL 60130  PROVISO SEE ATTACHED EXHIBIT A FOR FULL LEGAL.  |   | · ·                                |                        | 431-01             | 10-0000 Munic/Tov          | wnship:           |
| FOREST PARK, IL 60130  |   | PROVISO                            |                        |                    |                            | •                 |
|  |   | SEE ATTACHED I                     | EXHIBIT A FO           | )R FU              | LL LEGAL.                  |                   |
| 17. MISCELLANEOUS:   | FOREST PARK, IL 60130   |                                    |                        |                    |                            |                   |
| 17. MISCELLANEOUS:   |   |                                    |                        |                    |                            |                   |
| 17. MISCELLANEOUS:   |   |                                    |                        |                    |                            |                   |
| 17. MISCELLANEOUS:   |   |                                    |                        |                    |                            |                   |
| 17. MISCELLANEOUS:   |   |                                    |                        |                    |                            |                   |
|  | 17. MISCELLANEOUS:  |                                    |                        |                    |                            |                   |

2316041040 Page: 3 of 3

# 97561258

### **UNOFFICIAL COPY**

EXHIBIT "A"
Legal Description

LOT 25 (EXCEPT THE SOUTH 15 FEET THEREOF) IN BLOCK 8 IN THE SOUTH ADDITION TO HARLEM; A SUBDIVISION OF THE EAST HALF OF THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 13, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 15-13-431-010-0000 VOL: 164

PROPERTY COMMONLY KNOWN AS: 1126 S ELGIN, FOREST PARK IL 60130

Property of Cook County Clerk's Office