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Karen A. Yarbrough Cook County Clerk

| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS | | Date: 06/20/2023 03:17 PM | Pg: 1 c | f 2 | |
|---|-------------------------|---|-----------|---------------------------------|-------------------|
| 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) | | 1 | | | |
| 2582 53391 CSC | | | | | |
| 801 Adlai Stevenson Drive | | | | | |
| Springfield, IL 62703 | Filed In: Illinois | | | | |
| | (Cook) | | | | |
| | | THE ABOVE SPACE | E IS FO | R FILING OFFICE USE | ONLY |
| 1. DEBTOR'S NAME: Provide on; who have (1a or 1b) (use exact name will not fit in line 1b, leave all of .c.m * blank, check here and pr | | t, modify, or abbreviate any part of the tor information in item 10 of the Fina | | | |
| 1a. ORGANIZATION'S NAME | | | | | |
| 1b. INDIVIDUAL'S SURNAME ROBINSON | FIRST PERSON MATTIE | IAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 14327 KIMBARK AVE | DOLTON | | STATE | POSTAL CODE 60419 | COUNTRY |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exa- | t ull came: do not omit | t modify or abbreviate any part of t | he Debto | 's name': if any part of the in | dividual Debtor's |
| | | otor information in item 10 of the Financial | | | |
| 2a. ORGANIZATION'S NAME | 70 | | | | |
| OR 2b. INDIVIDUAL'S SURNAME | FIRST PER 30N | AL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | CITY | 7% | STATE | POSTAL CODE | COUNTRY |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR | SECURED PARTY): Pi | rovide only one Se areo Party name | (3a or 3h | <u> </u> | |
| 3a. ORGANIZATION'S NAME Foundation Finance Compa | | orac only one of sarea arty name | (00 01 01 | ·) | |
| · | , | | | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSON | IAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 10101 Market Street Suite B100 | сіту Rothschild | 1 | OT TE | postal code p.1474 | COUNTRY |
| 4. COLLATERAL: This financing statement covers the following collateral: DOOR INSTALLED ONTO PROPERTY | • | | _ | Vic. | |
| | | | | | |
| MATTIE ROBINSON 14327 KIMBARK AVE, DOLTON, IL 60419 | | | | TITICO | |
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| 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 | ver Bailee/Bailor Licensee/Licensor |
| 8. OPTIONAL FILER REFERENCE DATA: 70147622 / 60521420 | |

2582 53391

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UCC FINANCING STATEMENT ADDENDUM

| 9a. ORGANIZATION'S NAME | DLLOW INSTRUCTIONS NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement | · if line 15 was left blank | 1 | | | |
|--|---|--|--------------------------|--------------------|------------------------------|------------------------------|
| DEBTOR'S NAME: Provide (156 or 10%) to get additional Debtor name or Debtor name that did not fit is lime to or 2h of the Financing Statement (Form UCC1) true exact, that name or lond not name, most your observation are expected, that name or Debtor name that did not fit is lime to or 2h of the Financing Statement (Form UCC1) true exact, that name or lond not not, mostly on abbreviate are your it. Tip of the financing Statement (Form UCC1) true exact, that name or lond not not, mostly one or abbreviate are your it. Tip of the financing Statement (Form UCC1) true exact, that name or lond not not in long to or 2h of the Financing Statement (Form UCC1) true exact, that name or lond not not in long to or 2h of the Financing Statement (Form UCC1) true exact, that name or lond not not in line to or 2h of the Financing Statement (Form UCC1) true exact, that name or lond not not in line to or 2h of the Financing Statement (Form UCC1) true exact, that name or lond not not in line to or 2h of the Financing Statement (Form UCC1) true exact, that name or lond not not in line to or 2h of the Financing Statement (Form UCC1) true exact, that name or lond not not in line to or 2h of the Financing Statement (Form UCC1) true exact, that name or lond not not in line to or 2h of the Financing Statement (Form UCC1) true exact, that name or lond not | because Individual Debtor name did not fit, check here | , il lille 10 was leit blank | | | | |
| ROBINSON | 9a. ORGANIZATION'S NAME | | | | | |
| ROBINSON FIRST PERSONAL NAME MATTIE ADDITIONAL NAME(SYNNTAL(S) DEBTOR'S NAME: Provide (100 or 100, out) yang additional Debtor name or Debtor name that did not fit in line 10 or 2b of the Financing Statement (Form UCC1) (use exact, 4th name on the not ent, modify, or abbreviate synamic fit is included and other the mailing address in line 10c. Top. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S SURNAME IT 15, INDIVIDUAL'S SURNAME IT 16, INDIVIDUAL'S SURNAME IT 16, INDIVIDUAL'S SURNAME IT 17, INDIVIDUAL'S SURNAME IT 18, INDIVIDUAL'S SURNAME IT 18, INDIVIDUAL'S SURNAME IT 19, INDIVIDUAL'S SURNAME IT 10, INDIVIDUAL'S SURNAME IT 11, INDIVIDUA | | | | | | |
| FIRST PERSONAL NAME MATTIE ADDITIONAL NAME(SYNTIALIS) DEBTOR'S NAME: Provide (10s or 10% Gilly ongs additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, Aul name) and onto entil, modify, or abbreviate any part of the displayor's name) and enter the mailing address in line 10c 10s. RORAMIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYNTIALIS) IT ADDITIONAL SECURED PARTY'S NAME IT INDIVIDUAL'S SURNAME IT ADDITIONAL SECURED PARTY'S NAME IT INDIVIDUAL'S SURNAME IT INDIVIDUA | | | | | | |
| ADDITIONAL NAME(SYNIQUAL'S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide (106 or 100, oily ong additional Debtor name or Debtor name that did not fit in line to or 2b of the Financing Statement (Form UCC1) (use exact, full name do not omit, modily, or abbreviate any part of the 2b body's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME 10b, INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) It ADDITIONAL SECURED PARTY'S NAME or 17 and 18 and | | | - | | | |
| THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide (10s or 10s, 0) years additional Debtor name or Debtor name that did not fit in line 1 to or 2b of the Financing Statement (Form UCC1) (use exact, full name of not not motify, or abbreviate any part of the 3-byr's name) and enter the mailing address in line 10c Too. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) IT ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME IT ID. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME IT ID. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME ORGANIZATION'S NAME FIRST PERSONAL NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME ORGANIZATION'S NAME The ORGANIZATION'S NAME IT ID. INDIVIDUAL'S SURNAME ORGANIZATION'S NAME FIRST PERSONAL NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME ORGANIZATION'S NAME The POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY ADDITIONAL SPACE FOR ITEM 4 (Collatoral): The ORGANIZATION'S NAME ORGANIZATION'S NAME ORGANIZATION'S NAME FIRST PERSONAL NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: Provide only gain name (11a or 11b) The ORGANIZATION'S NAME: | | T | | | | |
| DEBTOR'S NAME: Provide (100 or 100 of 100 | ADDITIONAL NAME(S)INITIAL(S) | SUFFIX | THE ABOVE | SPACE | IS FOR FILING OFFIC | E USE ONLY |
| TIGE. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) IT. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED FARTY'S NAME: Provide only one name (11s or 11b) IT. ORGANIZATION'S NAME IT. INDIVIDUAL'S SURNAME IT. INDIVIDAL'S SURNAME IT. | | | | | | |
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| INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME GITY ASSIGNOR SECURED FARTY'S NAME: Provide only one name (11s or 11b) 11s. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL SPACE FOR ITEM 4 (Collateral): C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY ADDITIONAL SPACE FOR ITEM 4 (Collateral): I. ADDITIONAL SPACE FOR ITEM 4 (Collateral): I. ADDITIONAL SPACE FOR ITEM 4 (Collateral): I. Covers timber to be cut Covers as-extracted collateral I. State COVERS AS STATEMENT: COVERS AS SECURED FARTY'S NAME: Provide only one name (11s or 11b) 14. This FINANCING STATEMENT: COVERS TATE COVERS AS STATEMENT: COVERS TATE COVERS AS -EXTRACTED COLLEGAL II is filed as a fixture filing 16. Description of real estate: LOT 9 IN BLOCK 6 IS SHEPERD'S MICHIGAN AVE NO.3 A SUBDIVISION IN THE SOUTH EAST QUARTER OF SECTION 1 AND IS IN THE NORTH EAST QUARTER OF SECTION 1 TOWNSHIP 36 NORTH RANGE 14 EAST THIRD PRINCIPAL | | | | | | |
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| E. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED FARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)) STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY ADDITIONAL SPACE FOR ITEM 4 (Collateral): CITY STATE POSTAL CODE COUNTRY ADDITIONAL SPACE FOR ITEM 4 (Collateral): CITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY In BINANCING STATEMENT: COVERS tember to be cut COVERS as-extracted collateral In State Postal CODE COUNTRY ADDITIONAL SPACE FOR ITEM 4 (Collateral): COVERS tember to be cut COVERS over as-extracted collateral In State Postal CODE COUNTRY In BINANCING STATEMENT: COVERS tember to be cut COVERS as-extracted collateral In State Postal CODE COUNTRY In BINANCING STATEMENT: COVERS tember to be cut COVERS as-extracted collateral In State Postal CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY In BINANCING STATEMENT: COVERS tember to be cut COVERS as extracted collateral In State Postal CODE COUNTRY STATE POSTAL CODE COUNTRY In BINANCING STATEMENT: COVERS tember to be cut COVERS tember to be cu | INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
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| ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): ATTIE ROBINSON 4327 KIMBARK AVE, DOLTON, IL 60419 TOWNSHIP 36 NORTH RANGE 14 EAST THIRD PRINCIPAL | 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | 0 | ADDITIO | NAL NAME(S)/INITIAL(S |) SUFFIX |
| | s, MAILING ADDRESS | CITY | 0 | STATE | POSTAL CODE | COUNTRY |
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| i. Name and address of a RECORD OWNER of real estate described in item 16 (If Debtor does not have a record interest): (ATTIE ROBINSON 4327 KIMBARK AVE, DOLTON, IL 60419 AND IS IN THE NORTH EAST QUARTER OF SECTION II TOWNSHIP 36 NORTH RANGE 14 EAST THIRD PRINCIPAL | | | | | | |
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| | | SUBDIVISION IN | THE SOUTH | FASI | | ~ - - - - - - - - - - |
| WENDIAN COUNTY. COOK, IE APN.29-02-4 10-009-0000 | | AND IS IN THE N | IORTH EAST | QUAR | TER OF SECTI | |
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