## **UNOFFICIAL COPY**

	Doc#. 2323629205	Fee: \$107.00	)	
	Karen A. Yarbrough			
	Cook County Clerk Date: 08/24/2023 02	::59 PM Pa: 1	of 2	
	Bate. 00/24/2020 02	.co i wi i g. i	012	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Elderlife Financial Lending, LLC - 888-228-4500				
B. E-MAIL CONTACT AT FILER (optional)				
uccfiling@elderlifefinancial.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
ELDERLIFE FINANCIAL LENDING, LLC	_ l			
ATTN: LEGAL DEPARTMENT				
100 Bluegrase Commons Blvd, Bldg. 1, Ste. 120				
HENDERSON TILLE, TN 37075				
PERTORIO MULIS - MAIO			OR FILING OFFICE USE	
DEBTOR'S NAME: Provide only and Debter name (1a or 1b) (use exact, finame will not fit in line 1b, leeve all of item 1 brank, check here and provide 1a, ORGANIZATION'S NAME.	ull name; do not omit, modity, or abbreviate any de the Individual Debter information in item 10 d			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ONAL NAME(S)/INITIAL(S)	SUFFIX
Moses	Beverly	J		
10. MAILING ADDRESS 215 Bartlett Rd	South Barrington	IL.	POSTAL CODE 60010	USA
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact in name will not fit in line 2b, leave all of item 2 blank, check here and provide</li> </ol>	ui, name; do not omit, modity, or abbreviate any "a l'.e Individual Debtor information in item 10 d			
2a. ORGANIZATION'S NAME	$\tau$			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
Cc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
OF OUR PARTYING NAME				USA
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SET 3a. ORGANIZATION'S NAME	CURED PARTY): Provide City one Section Pa	arty name (3a or 3	(D)	
ELDERLIFE FINANCIAL LENDING, L	LC	<u></u>		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
100 BLUEGRASS COMMONS BLVD, BLDG 1, STE 12		4	37075	USA
L COLLATERAL: This financing statement covers the following collateral.				
All Fixtures appurtenant to:				
608 W Techny Rd				
Arlington Heights IL 60004 PARCEL ID: 03-18-207-030-0000			, C	
LEGAL DESCRIPTION:			C	
LOT 19 IN TECHNY COURT SUBDIVISION, BEING A SUBDI NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MER				
AS DOCUMENT NO. 24635184, COOK COUNTY, ILLINOIS.	DIAM, ACCORDING TO THE LEA	THEREOF	KECOKDED SEI TEM	DLK 20, 1970
Original Loan Amount: \$37,800.00				
Pursuant to the Memorandum of Agreement dated 08/22/2023,wh				
Note borrowers have with Elderlife Financial Lending, LLC with	the proceeds of the sale or refinancing	; of the above r	eferenced subject prope	erty.
<ol> <li>Check only if applicable and check only one box: Collateral is held in a True</li> <li>Check only if applicable and check only one box:</li> </ol>	st (see UCC1Ad, item 17 and Instructions)		ered by a Decedent's Person of applicable and check <u>only</u>	•
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		If applicable and check <u>only</u> Ultural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable):		<del></del>		
7. ALTERNATIVE DESIGNATION (if applicable): lessee/Lesser  B. OPTIONAL FILER REFERENCE DATA:	Consignce/Consignor Seller/Bu	<del></del>		nsce/Licensor

## UNOFFICIAL COPY UCC FINANCING STATEMENT ADDENDUM

FOLL	.OW	INSTRI	JCT	IONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if I because Individual Debtor name did not fit, check here	line 1b was left blank				
9a. ORGANIZATION'S NAME		1			
		4			
OR 95. INDIVIDUAL'S SURNAME		1			
Moses		_			
FIRST PERSONAL NAME					
Beverly  ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	4			
J	GOTTIX	THE A BOVE	SDACE	S FOR FILING OFFICE I	IRE ONLY
DEBTOR'S NAME: Novide (10a or 10b) only one additional Debtor name or do not omit, modify, or abtheviate any part of the Debtor's name) and enter the management of the Debtor's name.					
10a. ORGANIZATION'S NAME	<u> </u>				
OR 100. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
IOC. WALLING ABSINESS	L		GIAIE	F OSTAL BOBE	COONTICT
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNO	I DR SEC'JRED PARTY	/'S NAME: Provide of	only one na		
11a. ORGANIZATION'S NAME			- <del></del>	,	
OR 113. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		LODITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
TTS. INDIVIDUAL 5 SURVAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INTRAL(S)	SOFFIX
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				ı	
		(Q)/	•		
		1			
			Q, \		
			(		
				175	
				1C2	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STAT	_			
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	covers timber to be 16. Description of real esta		extracted	collateral 🗹 is filed as a	fixture filing
,	608 W Techny Rd				
	Arlington Heights		60004	l .	
PARCEL ID: 03-18-207-030-0000 LEGAL DESCRIPTION:					
	LOT 19 IN TECH		JBDIV	ISION, BEING A	
				RTHEAST 1/4 OF S	ECTION
		·		, EAST OF THE T	
PRINCIPAL MERIDIAN, ACCORDING TO TI RECORDED SEPTEMBER 20, 1978 AS DOCU					
	COOK COUNTY		710 A3	DOCUMENT NO.	240331 <b>0</b> 4,
17 MISCELLANEOUS:		,			