UNOFFICIAL COPY

Doc#. 2325540010 Fee: \$107.00

Karen A. Yarbrough Cook County Clerk

Date: 09/12/2023 09:25 AM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294						
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
2627 65554						
CSC 801 Adlai Stevenson Drive						
Springfield, IL 62703 File	d In: Illinois					
	(Cook)					
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	ION	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE (ONLY	
1. DEBTOR'S NAME: Provide only Control name (1a or 1b) (use exact, full name of fit in line 1b, leave all of item 1 blank, c'.erk b_re and provide the		or abbreviate any part of the Domation in item 10 of the Financin			Debtor's name will	
1a. ORGANIZATION'S NAME						
OR 1b. INDMIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Sanchez	Alex					
1c. MAILING ADDRESS 3512 Blanchan Avenue	Brookfield		STATE IL	POSTAL CODE 60513	COUNTRY	
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 PERSON ALIN	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Sanchez	Eileen	* .				
2c. MAILING ADDRESS 3512 Blanchan Avenue	CITY Brookfield	7%	STATE	POSTAL CODE 60513	COUNTRY	
3 SECURED PARTY'S NAME OF NAME OF ASSIGNED SECURE		nty one Secure . Pa ty name (3a				
3. SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secure (3a or 3b) 3a. ORGANIZATION'S NAME Home Loan Investment Bank FSB						
0.0						
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 1 Home Loan Plaza	сіту Warwick	<u> </u>	STATE RI	POSTAL CODE	COUNTRY	
4 COLLATEDAL: This formation statement arrange the following collaborate						
4. COLLATERAL: This financing statement covers the following collateral: All materials being financed by secured party in connections.						
described in this financing statement including without						
garage opener, windows, rough in electric, plywood, s					wood	
posts, composite fencing, nails, screws, hardware, gainstalled/improved and all proceeds of the forgoing.	ate, and includ	ing the imshed gar	age a	id leffice as		
motalica/mprovod and all proceeds of the longoing.						
THE COLLATERAL DESCRIBED ABOVE IS LOCAT	ED AT: 3512 E	Blanchan Avenue, I	3rookf	ield IL 60513		

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/Br	uyer Bailee/Bailor Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:		•

2627 65554

UNOFFICIAL COPY

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 9b. INDIVIDUAL'S SURNAME Sanchez FIRST PERSONAL NAME Alex ADDITIONAL NAME(S)/INIT'AL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 100 ni one 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 Dritor'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 POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY POSTAL CODE COUNTRY S Office 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 is filed as a fixture filing covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): See attached 17. MISCELLANEOUS:

UNOFFICIAL COPY

Exhibit "A" **Property Description**

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF COOK. IN THE STATE OF ILLINOIS, TO-WIT:

THE SOUTH ½ OF LOT 2 IN BLOCK 8 IN PORTIA MANOR, BEING FREDERICK H. BARTLET I'S SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 34, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.

FOR INFORMATIONAL PURPOSES ONLY

35.
Anno.:
October Collins Col Also known by street address as: 3512 Blanchan Avenue, Brookfield, IL 60513

And assessor's schedule or parcei no.: 15-34-300-034-0000