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Karen A. Yarbrough

Cook County Clerk

Date: 09/12/2023 03:00 PM Pg: 1 of 2

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 506503 - SIERRA VIEW <div style="display: flex; justify-content: space-between;"><div>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>94971764  ILIL FIXTURE</div></div>	

File with: Cook, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor 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 item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME HELMS	FIRST PERSONAL NAME DONALD	ADDITIONAL NAME(S)/INITIAL(S) S.	SUFFIX
1c. MAILING ADDRESS 2055 LAURA LANE		CITY DES PLAINES	STATE IL	POSTAL CODE 60018
			COUNTRY USA	

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 HELMS	FIRST PERSONAL NAME TIMOTHY	ADDITIONAL NAME(S)/INITIAL(S) A.	SUFFIX
2c. MAILING ADDRESS 2055 LAURA LANE		CITY DES PLAINES	STATE IL	POSTAL CODE 60018
			COUNTRY USA	

3. SECURED PARTY'S NAME (or NAME OF ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME INTERLOCK INDUSTRIES (MIDWEST) INC.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 104 - 2355 Fairview Avenue		CITY Roseville	STATE MN	POSTAL CODE 55113
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

THIS FIXTURE FILING COVERS A ROOFING SYSTEM AND IS TO BE RECORDED IN THE REAL ESTATE RECORDS OF COOK COUNTY REGISTRY OF DEEDS

COUNTY: COOK

SITUS: 2055 LAURA LN DES PLAINES, IL 60018

PARCEL #: 09-33-207-006-0000

CONVEYS: DEED

DOCUMENT NO: 1505034070

DATE RECORDED: 02/19/2015

LEGAL: LOT 6 IN BLOCK 3 IN TOWN IMPROVEMENT CORPORATION'S DES PLAINES COUNTRYSIDE UNIT NO. 2, A SUBDIVISION OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 33, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

94971764

LOAN NUMBER: ILIL23004-RC

\$24,502.00 (CALL 877-765-9378)

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## 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

OR

9b. INDIVIDUAL'S SURNAME

HELMS

FIRST PERSONAL NAME

DONALD

ADDITIONAL NAME(S)/INITIAL(S)

S.

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only 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 Debtor'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

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ 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

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 cut ☐ 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 Debtor does not have a record interest):

CHICAGO TITLE LAND TRUST  
COMPANY, AS TRUSTEE UNDER THE  
PROVISIONS OF A CERTAIN TRUST  
AGREEMENT DATED 12/29/2014 AND  
KNOWN AS TRUST NUMBER 8002366860  
2055 LAURA LANE  
DES PLAINES, IL 60018

16. Description of real estate:

Parcel ID:  
09-33-207-006-0000

COUNTY: COOK  
SITUS: 2055 LAURA LN DES PLAINES, IL  
PARCEL #: 09-33-207-006-0000  
CONVEYS: DEED  
DOC #: 1505034070 RECORDED: 02/19/2015

17. MISCELLANEOUS: 94971764-IL-31 506503 - SIERRA VIEW HOLDINGS INTERLOCK INDUSTRIES (MIDWEST) File with: Cook, IL LOAN NUMBER: ILIL23004-RC \$24,502.00 (CALL