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UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS



Doc# 2326334033 Fee \$98.00

RHSP FEE: \$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/20/2023 12:29 PM PG: 1 OF 3

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Branch Lending LLC
24 Great Neck Road, Great Neck NY 11021

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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
11 157 STREET, LLC

OR

| | | | |
|--------------------------|---------------------|-------------------------------|--------|
| 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|--------------------------|---------------------|-------------------------------|--------|

1c. MAILING ADDRESS
3225 McLeod Drive, Suite 100

| | | | |
|-------------------|-------------|----------------------|---------|
| CITY Las Vegas | STATE NV | POSTAL CODE 89121 | 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 PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|--------------------------|---------------------|-------------------------------|--------|

2c. MAILING ADDRESS

| | | | |
|------|-------|-------------|---------|
| CITY | STATE | POSTAL CODE | COUNTRY |
|------|-------|-------------|---------|

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
Branch Lending LLC

OR

| | | | |
|--------------------------|---------------------|-------------------------------|--------|
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|--------------------------|---------------------|-------------------------------|--------|

3c. MAILING ADDRESS
24 Great Neck Road

| | | | |
|--------------------|-------------|----------------------|---------|
| CITY Great Neck | STATE NY | POSTAL CODE 11021 | COUNTRY |
|--------------------|-------------|----------------------|---------|

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

11 157th Street, Calumet City, IL 60409 (PIN # 30-17-213-001-0000)

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 Agricultural Lien Non-UCC Filing

6b. Check only if applicable and check only one box:
 Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

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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 | 11 157 STREET, LLC | | |
| | 9b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(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 | | | | |
| | 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 | |
| | Las Vegas | NV | 89121 | | |

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|--|
| | 11a. ORGANIZATION'S NAME | | | | |
| | 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):

11 157th Street, Calumet City, IL 60409 (PIN # 30-17-213-001-0000)

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):

16. Description of real estate:

17. MISCELLANEOUS:

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EXHIBIT A

LEGAL DESCRIPTION

LOT 6 IN BLOCK 1 IN WEST HAMMOND ADDITION TO THE CITY OF WEST HAMMOND, A SUBDIVISION OF FRACTIONAL SECTION 17, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FOR INFORMATIONAL PURPOSES ONLY:

Common Address: 1157th Street, Calumet City, IL 60409
PIN # 30-17-213-001-0000

Property of Cook County Clerk's Office