



Doc# 2330412002 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 10/31/2023 09:34 AM PG: 1 OF 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER [optional]
FTL Finance (888)314-4588

B. E-MAIL CONTACT AT FILER [optional]
customerservice@ftlfinance.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

FTL Finance
820 South Main Street Suite 300
St. Charles, MO 63101

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: Rainey
FIRST PERSONAL NAME: Lenore
ADDITIONAL NAME(S) / INITIAL(S):
SUFFIX:

1c MAILING ADDRESS: 3607 Robert Ct
CITY: Hazel Crest
STATE: IL
POSTAL CODE: 60429
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 NAME
MIDDLE NAME
SUFFIX

2c MAILING ADDRESS
CITY
STATE
POSTAL CODE
COUNTRY

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

3a ORGANIZATION'S NAME: FTL Finance

OR

3b INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX

3c MAILING ADDRESS: 820 South Main Street Suite 300
CITY: St. Charles
STATE: MO
POSTAL CODE: 63301
COUNTRY:

4. COLLATERAL: This financing statement covers the following collateral:
ICP #A221318666 GAS FURNACE N80ESN901714

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/Licensor

8. OPTIONAL FILER REFERENCE DATA
2314674, Lenore Rainey

SPS SC INT JP
4/3/11

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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	
Rainey	
FIRST PERSONAL NAME	
Lenore	
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				
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):

<p>13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</p>	<p>14. This FINANCING STATEMENT:</p> <p><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing</p>
<p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):</p> <p>Recorded Owner: Lenore Rainey Owner Address: 3607 Robert Ct Hazel Crest, IL 60429</p>	<p>16. Description of real estate:</p> <p>APN: 31-02-102-008-1015, Lot: 2 5, T-R-S: 35N-13E-02, Subdivision: CLUB OF VILLAGE WEST TOWNHOME CONDO, County: Cook</p> <p>SEE ATTACHED</p>

17. MISCELLANEOUS:

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UNIT NUMBER 4 IN THE CLUB VILLAGE WEST TOWNHOME CONDOMINIUM 1, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED TRACT OF LAND; LOTS 2, 3, 4 AND 5 IN THE CLUB TOWNHOUSES PHASE I, BEING A SUBDIVISION OF PART OF THE NORTH 1/2 OF SECTION 2, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AS DOCUMENT 90504513, IN COOK COUNTY, ILLINOIS WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 91013487, AS AMENDED BY DOCUMENT NUMBER 9131880, AS AMENDED FROM TIME TO TIME TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, ALL IN COOK COUNTY, ILLINOIS. PIN NUMBER 31-02-102-008-1015

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