UNOFFICIAL COPY

Doc#. 2401133266 Fee: \$107.00

Karen A. Yarbrough Cook County Clerk

Date: 01/11/2024 12:26 PM Pg: 1 of 3

UCC FINANCING STATEMENT

FULLOW 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)				
2731 62020	$\neg 1$			
CSC	' 			
801 Adlai Stevenson Drive				
Springfield, IL 62703 Filed	In: Illinois			
	(Cook)			
SEE BELOW FOR SECURED PARTY CONTACT INFORMATI	ON THE	ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only Fortor name (1a or 1b) (use exact, full name)				l Debtor's name will
not fit in line 1b, leave all of item 1 blank, c', e ck b _re and provide th	e Individual Debtor information in item 10	of the Financing Statemer	t Addendum (Form UCC1Ad)	
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Quilter	karla			
1c. MAILING ADDRESS 1016 N Karlov Ave	CITY	STATE	POSTAL CODE	COUNTRY
	Chicago	IL	60651	USA
2 DEPTOD'S NAME: Devide along Debter and Control of the second of the se				Deba de cerca de di
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full not fit in line 2b, leave all of item 2 blank, check here	In lividual Debtor information in item 10			Deptors name will
2a. ORGANIZATION'S NAME		<u>, </u>		
2a. ORGANIZATION 3 NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PER JON AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE	D PARTY): Provide only one Secure	Pa√v name (3a or 3h)		l
3a. ORGANIZATION'S NAME FTL Finance	D TTEXT F. TTEXTED ONLY GIVE DOCUMENT	and thanks (see or on)		
T TET MONO				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	'ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
SS. INSTITUTE CONTINUE	THO TENOOTHE WANTE		THE PROPERTY	0011100
De MANUNIO ADDDESOS OGO C Marin CA CAN 200	CITY	इत्रिक्	POSTAL CODE	COUNTRY
3c. MAILING ADDRESS 820 S Main St Ste 300	Saint Charles	MO	103301	USA
	Oanit Onanes	IVIO	0.301	UUA
4. COLLATERAL: This financing statement covers the following collateral: Burnham #65899806 STEAM BOILER X-205			Asc.	
Burnnam #05099800 STEAM BUILER X-205				
			(C)	

5. Check only if applicable and check only one box: Collateral is held in a Trust (s	see UCC1Ad, item 17 and Instructions)	being administered by a Decede	nt's Personal Representative
6a. Check only if applicable and check only one box:		6b. Check only if applicable and	check <u>only</u> 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/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 2323438/Quilter			2724 62026

2731 62020

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 Quilter FIRST PERSONAL NAME karla 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 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 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): Office 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers as-extracted collateral is filed as a fixture filing covers timber to be cut 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):
Recorded Owner: Karla Quilter APN: 16-03-413-035-0000, Lot: 5, T-R-S: 39N-13E-03, Subdivision: MILLS & SONS, County: Cook Owner Address: SEE ATTACHED 1016 N Karlov Ave Chicago, IL 60651 17. MISCELLANEOUS:

UNOFFICIAL COPY

Lot 5 in Block 3 in Mills and Sons Resubdivision of Blocks 1-4 in Telford and Watson's Addition to Chicago being a Subdivision of Blocks 3 and 4 of the Foster Subdivision of the East 1/2 of the Southeast 1/4 of Section 3, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office