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Doc# 240333226 Fee: \$107.00
Karen A. Yarbrough
Cook County Clerk
Date: 02/02/2024 02:16 PM Pg: 1 of 3

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) 46322 - SunTrust Bank	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	97186217 ILIL FIXTURE

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	WASHINGTON	RUTH		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
9723 S SANGAMON ST		CHICAGO	IL	60643-1547
			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	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				
SERVICE FINANCE COMPANY				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
555 S FEDERAL HWY, STE 200		Boca Raton	FL	33432-6033
			COUNTRY	USA

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

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:

97186217 3577606

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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	WASHINGTON	
		FIRST PERSONAL NAME	RUTH	
		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):

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):

Ruth Washington
9723 South Sangamon Street
Chicago, IL 60643

16. Description of real estate:

Parcel ID:
25-08-222-008-0000

THE FOLLOWING DESCRIBED REAL ESTATE, TO WIT: LOT 8 IN O'MEARA AND MCQUEEN'S SUBDIVISION OF LOTS 12 TO 22, BEING IN BLOCK 36 IN HALSTED STREET ADDITION TO WASHINGTON HEIGHTS, A SUBDIVISION OF THE
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 97186217-IL-31 46322 - SunTrust Bank

SERVICE FINANCE COMPANY

File with: Cook, IL

3577606

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Debtor: WASHINGTON, RUTH

Exhibit for Real Estate

16. Description of real estate: Continued

SOUTHEAST 1/4 OF SECTION 5, AND THE
NORTHEAST 1/4 OF SECTION 8, TOWNSHIP 37
NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 9723 South Sangamon Street Chicago
IL 60643

Parcel ID: 25-08-222-008-0000

Property of Cook County Clerk's Office

