

# UNOFFICIAL COPY

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Karen A. Yarbrough  
Cook County Clerk  
Date: 02/16/2024 03:39 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	97398136  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
	MALLARE	GODOFREDO		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
1100 S BUSSE RD		MOUNT PROSPECT	IL	60056-4509
				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

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:

97398136 2592502

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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	MALLARE	
		FIRST PERSONAL NAME	GODOFREDO	
		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):

**Godofredo Mallare and Annette Mallare,  
husband and wife  
1100 South Busse Road  
Mount Prospect, IL 60056**

16. Description of real estate:

**Parcel ID:  
08-15-208-022-0000**

**LOT 788 IN ELK RIDGE VILLA-UNIT NUMBER 8,  
BEING A SUBDIVISION OF ALL OF LOT 7 AND  
PART OF LOTS 5 AND 6 IN THE DIVISION OF THE  
LOUIS F. BUSSE FARM, BEING A SUBDIVISION OF  
PART OF THE NORTHEAST QUARTER (1/4) OF  
[ See Exhibit for Real Estate ]**

17. MISCELLANEOUS: 97398136-IL-31 46322 - SunTrust Bank

SERVICE FINANCE COMPANY

File with: Cook, IL

2592502

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**Debtor:** MALLARE, GODOFREDO

Exhibit for Real Estate

**16. Description of real estate:** Continued

SECTION 15, TOWNSHIP 41 NORTH, RANGE 11 EAST  
OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING  
TO THE PLAT OF SAID ELK RIDGE VILLA-UNIT  
NUMBER 8 REGISTERED IN THE OFFICE OF THE  
REGISTRAR OF TITLE OF COOK COUNTY, ILLINOIS  
ON APRIL 19, 1965, AS DOCUMENT NUMBER  
LR2204299, IN COOK COUNTY, ILLINOIS.

Property Address: 1100 South Busse Road Mount  
Prospect IL 60056

Parcel ID: 08-15-203-022-0000

Property of Cook County Clerk's Office

