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KAREN A. YARBROUGH

COOK COUNTY CLERK'S OFFICE

Date 3/18/2024 9:30 AM 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	97925347 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 BIELSKI		FIRST PERSONAL NAME MATTHEW	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1666 WHITCOMB AVE		CITY DES PLAINES	STATE IL	POSTAL CODE 60018-1624	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 555 S FEDERAL HWY, STE 200		CITY Boca Raton	STATE FL	POSTAL CODE 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/Licenser

8. OPTIONAL FILER REFERENCE DATA:

97925347

4297930

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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	BIELSKI	
		FIRST PERSONAL NAME	MATTHEW	
		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):

Matthew J Bielski and Rachel S Bielski,
husband and wife
1666 Whitcomb Avenue
Des Plaines, IL 60018

16. Description of real estate:

Parcel ID:
09-21-303-024-0000

LEGAL DESCRIPTION: THE EAST 40.00 FEET OF LOT 15 IN BLOCK 6 IN ARTHUR T. MCINTOSH AND CO'S DES PLAINES HEIGHTS, A SUBDIVISION OF BLOCK 10 IN NORRIE PARK, A SUBDIVISION OF THE NORTH PART (EAST OF THE RAILROAD) OF [See Exhibit for Real Estate]

17. MISCELLANEOUS: 97925347-IL-31 46322 - SunTrust Bank

SERVICE FINANCE COMPANY

File with: Cook, IL

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Debtor: BIELSKI, MATTHEW

Exhibit for Real Estate

16. Description of real estate: Continued

THE SOUTHEAST QUARTER OF SECTION 20,
TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE
THIRD PRINCIPAL MERIDIAN, ALSO THAT PART
LYING EAST OF THE RAILROAD AND SOUTH OF
NORRIE PARK, AFORESAID, OF THE NORTH HALF
OF THE SOUTHEAST QUARTER OF SECTION 20,
TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE
THIRD PRINCIPAL MERIDIAN, ALSO THAT PART
WEST OF DES PLAINES ROAD OF THE NORTH HALF
OF THE SOUTHWEST QUARTER OF SECTION 21,
TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE
THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE
PLAT THEREOF RECORDED OCTOBER 16, 1919 AS
DOCUMENT NUMBER 6647601 IN COOK COUNTY,
ILLINOIS.

Property Address: 1666 Whitcomb Avenue Des Plaines
IL 60018

Parcel ID: 09-21-303-024-0000

