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KAREN A. YARBROUGH
COOK COUNTY CLERK'S OFFICE
Date 4/4/2024 9:41 AM Pg: 1 of 3

UCC FINANCING STATEMENT
FOLLOW 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)
2798 36459
CSC
801 Adlai Stevenson Drive
Springfield, IL 62703
Filed In: Illinois (Cook)
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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: Habercoss
FIRST PERSONAL NAME: Charis
ADDITIONAL NAME(S)/INITIAL(S): M
SUFFIX:
1c. MAILING ADDRESS: 8510 Parkview Ave
CITY: Brookfield
STATE: IL
POSTAL CODE: 60513
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: Cross River Bank and its successors and assigns c/o Maniite Servicing, LLC
OR
3b. INDIVIDUAL'S SURNAME
FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
3c. MAILING ADDRESS: 3419 Silverside Road
CITY: Wilmington
STATE: DE
POSTAL CODE: 13810
COUNTRY: USA

4. COLLATERAL: This financing statement covers the following collateral:
All fixtures now or hereafter securely and/or permanently attached to the property identified above, excluding personal effects and household goods or appliances that are not considered fixtures under applicable law.
Fixture Definition: An object physically and permanently attached or fastened to the property. This includes items that have the following method of attachment; bolted, screwed, nailed, glued, or cemented onto the walls, floors, ceilings or any other part of the home.
Proposed Fixtures include but not limited to:
Built-in cabinets and shelving
Bathroom vanities
Light fixtures

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:

2798 36459

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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

Habercoss

FIRST PERSONAL NAME

Charis

ADDITIONAL NAME(S)/INITIAL(S)

M

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) with 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):

Charis M Habercoss
8510 Parkview Ave
Brookfield, IL 60513
Cook County

16. Description of real estate:

APN: 15-35-303-028

Property Address:
8510 Parkview Ave
Brookfield, IL 60513
Cook County

See Exhibit A

17. MISCELLANEOUS:

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Exhibit A

LOT 22 AND THE EAST HALF OF LOT 23 IN BLOCK 4 IN HOLLYWOOD, BEING A SUBDIVISION OF THE SOUTHWEST QUARTER OF SECTION 35, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE WEST 100 ACRES THEREOF AND EXCEPT THE RIGHT OF WAY OF THE CHICAGO BURLINGTON AND QUINCY RAILROAD), IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office