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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Doc#. 2409620198 Fee: \$107.00 KAREN A. YARBROUGH COOK COUNTY CLERK'S OFFICE Date 4/5/2024 11:50 AM Pg: 1 of 2

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)					
2800 17731	\neg \Box				
CSC	1				
801 Adlai Stevenson Drive					
Springfield, IL 62703	d In: Illinois				
	(Cook)				
SEE BELOW FOR SACURED PARTY CONTACT INFORMAT	ION	THE ABOVE SPACE	E IS FO	R FILING OFFICE USE (ONLY
1. DEBTOR'S NAME: Provide onlye Contor name (1a or 1b) (use exact, full na	me; do not omit, modify, or	abbreviate any part of the De	btor's nan	ne); if any part of the Individual	l Debtor's name will
		ation in item 10 of the Financing			
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
JENKINS Ox	REDA				
1c. MAILING ADDRESS 2839 W LEXINGTON ST	CITY		STATE	POSTAL CODE	COUNTRY
	CHICAGO		IL	60612	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, fill not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME		abbreviate any part of the De ation in item 10 of the Financing			Debtor's name will
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSON AL NAM	ME I	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
JENKIN\$	JERRY				
2c. MAILING ADDRESS 2839 W LEXINGTON ST	CITY) . ~	STATE	POSTAL CODE	COUNTRY
2000 11 22/11/01/01/01	CHICAGO	//	IL	60612	USA
2 SECURED DARTY'S NAME (NAME - CARRIED - CARRIED DARTY	FD D4DT/\(\) D\(\)	2	05		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR 3a. ORGANIZATION'S NAME Foundation Finance Company I	ED PARTY): Provide only	one Secure J Pai y name (3a	or 3b)		
	LLO				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	Æ E	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
		1			
3c. MAILING ADDRESS 10101 Market Street Suite B100	CITY		OD TE	POSTAL CODE	COUNTRY
	Rothschild		WI	5-1474	USA
	Romschild	l	AAI	· · ·	J 007 1

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:	6b. Check only if applicable and check only 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/Bu	uyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 70202610 / 60704049	2000 4772

2800 17731

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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 9b. INDIVIDUAL'S SURNAME **JENKINS** FIRST PERSONAL NAME REDA 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 10ь. 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 POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): Office 13. This FINANCING STATEMENT is to be filled [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) 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 REDA JENKINS INSTALL ADDRESS: 2839 W LEXINGTON ST, CHICAGO, IL 60612 County: COOK, IL APN: 16-13-311-009-0000 ALSO KNOWN AS REDA WALLS-JENKINS Munic/Township: WEST CHICAGO JERRY JENKINS LOT 4 IN BLOCK 10 IN G.W. CLARKE'S SUBDIVISION OF THE 2839 W LEXINGTON ST EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 13. CHICAGO, IL 60612 TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS. 17. MISCELLANEOUS: