UNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Doc#. 2414224171 Fee: \$107.00 CEDRIC GILES COOK COUNTY CLERK'S OFFICE Date 5/21/2024 10:29 AM Pg: 1 of 3

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)					
2836 00991 CSC	\neg				
801 Adlai Stevenson Drive					
Springfield, IL 62703 File	d In: Illinois				
CEE DELOW FOR CONTROL PARTY CONTACT INFORMAT	(Cook)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT				R FILING OFFICE USE (
1. DEBTOR'S NAME: Provide only f_b_tor name (1a or 1b) (use exact, full na not fit in line 1b, leave all of item 1 blank, c'.e-kb_re and provide t		fy, or abbreviate any part of the De formation in item 10 of the Financing			Debtor's name will
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Thigpen	Nitai		Narayana		
1c. MAILING ADDRESS 2510 Braeburn Ave	CITY		STATE	POSTAL CODE	COUNTRY
	Flossmoor		IL	60422	USA
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full not fit in line 2b, leave all of item 2 blank, check here		fy, or abbreviate any part of the De formation in item 10 of the Financing			Debtor's name will
2a. ORGANIZATION'S NAME	7				
OR			ADDITIO	NAC DIAMETOLOGICALIZADIO	lauren/
2b. INDIVIDUAL'S SURNAME	FIRST PER JON AL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	ED PARTY): Provide	only one Secure . Par y name (3a	or 3b)		
3a. ORGANIZATION'S NAME Cross River Bank and its succe				g, LLC	
OR THE PROPERTY OF THE PROPERT		<u> </u>			1
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 3419 Silverside Road	CITY	,	कार्तर DE	POSTAL CODE	COUNTRY
36. MALLING ADDRESS 34 19 SILVEISIDE ROAD	Wilmington				

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1.	Ad, 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 D	Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consigned	e/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	2020 0000

2836 00991

UNOFFICIAL COPY

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 Thigpen FIRST PERSONAL NAME Nitai ADDITIONAL NAME(S)/INIT'AL(S) SUFFIX Narayana 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 10b. 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 CITY POSTAL CODE COUNTRY S Office 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 is filed as a fixture filing covers as-extracted collateral 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 a record interest): Nitai Narayana Thigpen APN: 31-12-403-002 2510 Braeburn Ave **Property Address:** Flossmoor, IL 60422 2510 Braeburn Ave Cook County Flossmoor, IL 60422 Cook County See Exhibit A 17. MISCELLANEOUS:

2414224171 Page: 3 of 3

UNOFFICIAL COPY

Exhibit A

THAT PART OF LOT 36 IN FIRST ADDITION TO BRAZ BURN, LYING EAST OF A STRAIGHT LINE THAT INTERSECTS THE NORTH LINE OF SAID LOT 36, A POINT 104.5 PLET NORTHWESTERLY FROM THE NORTHEAST CORNER THEREOF AS MEASURED Along the north line of said lot and intersects the south line of said LOT, 120 FEET WEST OF THE SOUTHEAST CORNER THEREOF, SAID FIRST ADDITION Braceurn being a subdivision of that part of the west 1/2 of the SOUTHEAST 1/4 OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING EAST OF ILLINOIS CENTRAL RAILROAD RIGHT OF WAY AS LOCATED IN SAID SECTION 12, AND NORTH OF A LINE 1371.55 FRET NORTH OF AND PARALLEL TO THE SOUTH LINE OF SAID SOUTHEAST 1/4 OF SAID SECTION 14. TOGETHER WITH LOT 13 AND THAT PART OF LOT 27 OF BRAZEBURN, A SUBDIVISION IN THE BAST 1/2 OF SAID SOUTHEAST 1/4 OF SAID SECTION 12, LYING NORTH OF ALLE 1365 FEET NORTH OF AND PARALLEL TO THE SOUTH LINE OF SAID SOUTHEAST 1/4 OF SAID SECTION 12, AND WEST OF THE WESTERLY LINE OF LOT 14 OF SAID BRAIDTURN PRODUCED SOUTHERLY TO THE SAID LINE 1365 FEET NORTH OF AND PARALLEL TO THE SOUTH LINE OF SAID SOUTHEAST 1/4 OF SAID SECTION 12, AND THE NORTH 450 FEET OF THE SOUTH 1365 FEET OF SAID LOT 27 LING WEST OF A LINE 1001 FEFT WEST OF AND PARALLEL TO THE EAST LINE OF B. 12, In October 12, In October 13, In October 13, In October 14, SAID SOUTHEAST 1/4 OF SECTION 12, IN COOK COUNTY, ILLINOIS.