

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Customer Service, 214-488-3200
B. E-MAIL CONTACT AT FILER (optional) CSR@FCCFINANCE.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) FCC FINANCE, LLC P.O. BOX 795489 DALLAS, TX 75379-5489

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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 FISHER		FIRST PERSONAL NAME NICOLE	ADDITIONAL NAME(S)/INITIAL(S) M	SUFFIX
1c. MAILING ADDRESS 67 INDIANWOOD DR		CITY THIRNTON	STATE IL	POSTAL CODE 60476	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 FISHER		FIRST PERSONAL NAME BRANDON	ADDITIONAL NAME(S)/INITIAL(S) D	SUFFIX
2c. MAILING ADDRESS 67 INDIANWOOD DR		CITY THORNTON	STATE IL	POSTAL CODE 60476	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 WF HILL TRUST					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P.O. BOX 795489		CITY DALLAS	STATE TX	POSTAL CODE 75379	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

PFL THERMOFOIL CABINET DOORS, STYLE DELMAR, COLOR SHARKEY GRAY, HARDWARE MODEL # PN0393H-SN-C. PFL FLAT DRAWER FRONTS, HARDWARE MODEL # PN061H-SN-C. STANDARD MOLDING ABOVE CABINETS, MATCHING TOE KICKS & TILT TRAY UNDER SINK. REPLACE 9 EXISTING CABINETS W/PLY MAPLE PLYWOOD CABINETS W/STANDARD 3/4 EXTENSION GLIDES.

ORIGINAL LOAN AMOUNT: \$12,000.00

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/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

62019

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

OR 9b. INDIVIDUAL'S SURNAME

FISHER

FIRST PERSONAL NAME

NICOLE

ADDITIONAL NAME(S)/INITIAL(S)

M

SUFFIX

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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):

16. Description of real estate:

PLEASE FIND LEGAL DESCRIPTION ATTACHED BELOW

17. MISCELLANEOUS:

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Order Information:

Name(s): WILLIAMS, NICOLE
Address: 67 INDIANWOOD DR
THORNTON, IL 60476
Locale: COOK
Loan #: DBHIL15 62019
Contact: CRYSTAL RASH

Bill-to Customer:

009237 WEB
FIRST CONSUMER CREDIT, INC
17000 DALLAS PKWY STE 120
DALLAS, TX 75248
Fax: (866) 928-4413

CONVEYANCE(S)

#1	----->	DATED: 04/15/2009	RECORDED: 08/05/2009	VOL/PG: 0921705053	CONSIDERATION: \$10.00
INSTRUMENT:		WARRANTY DEED			
GRANTEE(S):		NICOLE WILLIAMS			
GRANTOR(S):		BROOKFIELD GLOBAL RELOCATION SERVICES, LLC. F/K/A GMAC GLOBAL RELOCATION SERVICES, LLC.			
CONVEYS:		LOT 103			

LEGAL DESCRIPTION

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF COOK IN THE STATE OF ILLINOIS, TO WIT:

LOT 103 IN TOEPFER'S THORNWOOD SUBDIVISION, A SUBDIVISION OF THE NORTH THREE QUARTERS OF THE WEST HALF OF THE SOUTHEAST QUARTER OF SECTION 27, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPTING THEREFROM THAT PART CONVEYED TO THE COUNTY OF COOK BY DEED DATED AUGUST 8, 1944 AND RECORDED SEPTEMBER 26, 1944 IN BOOK 39325, PAGE 533, AS DOCUMENT 13363699), ACCORDING TO THE PLAT THEREOF RECORDED MAY 8, 1956 AS DOCUMENT NO. 16573860, IN COOK COUNTY, ILLINOIS.

PARCEL #29-27-407-037-0000

REPORT EFFECTIVE THROUGH: 10/27/2015