## UNOFFICIAL COPY

	1426145081						
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294  B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  91408874 - 365000 Corporation Service Company	7	Doc#: 1426145081 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00 Karen A.Yarbrough Cook County Recorder of Deeds Date: 09/18/2014 03:25 PM Pg: 1 of 2					
801 Adlai Stevensc L Lrive Springfield, IL 62/03 Fi	iled In: Illinois (Cook) ull name; do not omit, modify, or de the Individual Debtor informa	s obbreviate any part of	the Debtor	R FILING OFFICE USE C 's name); if any part of the Inc atement Addendum (Form UC	ividual Debtor's		
1a. ORGANIZATION'S NAME  OR  1b. INDIVIDUAL'S SURNAME  WILLIAMS	FIRST PERSONAL NAME PATRICE		ADDITIONAL NAME(S)/INITIAL(S) T STATE POSTAL CODE		SUFFIX		
name will flot lit in line 25, leave all 5 its	CITY CHICAGO ful name; do not omit, modify, of the findividual Debtor Inform	or abbreviate any part o ation in item 10 of the F	f the Debtor	60628 r's name); if any part of the Intatement Addendum (Form Ut	USA dividual Debtor's CC1Ad)		
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME	FIRST P_RS ) NAL NAME		ADDITIO STATE	DNAL NAME(S)/INITIAL(S)	SUFFIX		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S  3a. ORGANIZATION'S NAME Aqua Finance, Inc.		y <u>one</u> Scoured Party na					
OR 3b. INDIVIDUAL'S SURNAME  3c. MAILING ADDRESS One Corporate Drive Suite 300	FIRST PERSONAL NAM		ADDITI CTATE VI	ONAL NAME(S)/INITIAL(S)  POSTAL CODE  54401	COUNTRY USA		

being administered by a Decedent's Personal Representative 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) 6b. Check only if applicable and check only one box: 6a. Check only if applicable and check only one box: Non-UCC Filling Agricultural Lien A Debtor is a Transmitting Utility Manufactured-Home Transaction Public-Finance Transaction Licensee/Licensor Bailee/Bailor Seller/Buyer Consignee/Consignor 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor 8. OPTIONAL FILER REFERENCE DATA: :CXSX401436422 91408874

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

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## UCC FINANCING STATEMENT ADDENDUM

ec	ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State ause Individual Debtor name did not fit, check here	ment; if line 1b was left blank				
	a. ORGANIZATION'S NAME					
-						
Ĺ						
	b. INDIVIDUAL'S SURNAME		- 1			
1	WILLIAMS		<del></del> -			
١,	FIRST PERSONAL N.M.		ì			
Ľ	PATRICE  ADDITIONAL NAME(S)/IN (TIA_(S)	SUFFIX				
١.	т // ) _		THE ABO	VE SPACE IS	FOR FILING OFFICE U	SE ONLY
1	DEBTOR'S NAME: Provide (10a o. 10b) ly one additional Debtor	name or Debtor name that did	not fit in line 1b or 2b of th	ne Financing St	itement (Form UCC1) (use	exact, full nam
C	DEBTOR'S NAME: Provide (10a of 10b) 3. If <u>Object</u> additional busides not omit, modify, or abbreviate any part of the Debtor's name) and en	ter the mailing address in line 1	0c			
	10a, ORGANIZATION'S NAME					
ľ	0.5					
+	10b. INDIVIDUAL'S SURNAME					
ł	INDIVIDUAL'S FIRST PERSONAL NAME					
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ľ	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4				
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3.	MAILING ADDRESS					
		SSIGNOR SECURED F	ADTV'S NAME: Pro	vide only one na	me (11a or 11b)	
	ADDITIONAL SECOND 17 INT 1 O III III I	SSIGNOR SECORES	ARTTO WAILE: 110	140 0111) 3111		
	11a. ORGANIZATION'S NAME					
R	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	MANE	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	111B. INDIVIDUAL S SOLVANIA					- COUNTE
_	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
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_	ADDITIONAL SPACE FOR ITEM 4 (Collateral):			$T_{\perp}$		
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		dad) in the 14 This FINANCI	IG STATEMENT:		100 E	· · · · · · · · · · · · · · · · · · ·
	This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	ded) in the 14. This FINANC!		ers as-extracted		a fixture filin
13	REAL ESTATE RECORDS (II applicable)	covers tir	nber to be cut covereal estate:		collateral  is filed as	
3	Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):	covers tir	nber to be cut covereal estate:		collateral  is filed as	
13 F	Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):  PATRICE T WILLIAMS	covers tir item 16 16. Description of Legal Desc NW4 S09 T	nber to be cut over real estate: ription: NORTH 37N R14E 3P	B FT LOT	collateral  is filed as	
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