# **UNOFFICIAL COPY**

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CSC 1-800-858-5294  EPUARD II. 1000Y  SPRFilling@cscglobal.com  SEND ACKNOWLEDGMENT TO: (Name and Address)  I652-66827  CSC  SB01 Adial Stevenson Drive  Springfield, II. 6270°  Filed In: Illinois (Cook)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only one Deltor name (1s or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Deltor's name), if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  TIA. ORGANIZATION'S NAME  15. INDIVIDUAL'S SURNAME  WILMOT  MAILING ADDRESS 3241 W WARNER AVE  CITY  CHICAGO  LI  BODITIONAL NAME(sin) part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  CHICAGO  CITY  CHICAGO  FIRST PERSONAL NAME  ADDITIONAL NAME(sin) part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  COUNTRY  WISH  COW. COUNTRY AND COUNTRY  STATE  POSTAL CODE  COUNTRY  CHICAGO  LI  BODITIONAL NAME(sin) part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  COUNTRY  CHICAGO  FIRST PERSONAL NAME  ADDITIONAL NAME(sin) part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  COUNTRY  CHICAGO  CITY  CHICAGO  CITY  CHICAGO  CITY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  USA  SECURED PARTY'S NAME (or NAME of NAME of NAME of ASSIGNOR SECURED PARTY). Provide only one Served Party name (3a or 3b)  CEURED PARTY'S NAME (or NAME of	CC FINANCING STATEMENT LLOWINSTRUCTIONS		:Doc#	19161:	17125 Fee ≇88.	ବତ
SEND ACKNOWLEDGMENTTO: (Name and Address)  SEND ACKNOWLEDGMENTTO: (Name and Address)  SEND ACKNOWLEDGMENTTO: (Name and Address)  DATE: 86/18/2019 82:35 PH PG: 1 OF 3  1652 66827  CSC  SB01 Adlai Stevenson Drive Springfield, IL 62700  Filled In: Illinois (Cook)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only one better 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Ta. DRICANIZATION'S NAME  Ta. INDIVIDIAL'S SURNAME  WILMOOT  MAILING ADDRESS 3241 W WARNER AVE  TO INDIVIDUAL'S SURNAME  PROSTAL CODE  COUNTRY  CHICAGO  TOTY  CHICAGO  TOTY  CHICAGO  TOTY  CHICAGO  TOTY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOV	NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					!
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only and 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 if in line 1b, leave all of item. Deline, check here and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. DRGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME  MAILING ADDRESS 3241 W WARNER AVE  CITY  CHICAGO  CITY  CHICAGO  CITY  CHICAGO  STATE  FOSTAL CODE  60618  COUNTRY  60618  COUNTRY  2a. DRGANIZATION'S NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  WILMOT  MAILING ADDRESS 3241 W WARNER AVE  CITY  CHICAGO  CITY  CHICAGO  CITY  CHICAGO  STATE  FOSTAL CODE  COUNTRY  60618  COUNTRY  2a. DRGANIZATION'S NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  BERTLING  MAILING ADDRESS 3241 W WARNER AVE  CITY  CHICAGO  CITY  CHICAGO  STATE  FOSTAL CODE  COUNTRY  CHICAGO  COUNTRY  CHICAGO  CITY  CHICAGO  STATE  POSTAL CODE  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  ADAM  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  BERTLING  MAILING ADDRESS 3241 W WARNER AVE  CITY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  STATE  FOSTAL CODE  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					ı
CSC 801 Adlai Stevenson Drive Springfield, IL 62705  Filed In: Illinois (Cook)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only one patrior 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, if any part of the	SEND ACKNOWLEDGMENT TO: (Name and Address)		DATE:	06/10/20	19 02:35 PH PG:	1 OF 3
Springfield, IL 6270°  Filed In: Illinois (Cook)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  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 information in term 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME  WILMOT  MAILING ADDRESS 3241 W WARNER AVE  CITY CHICAGO CITY CHICAGO CITY CHICAGO CITY CHICAGO TIL 60618  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full righter, 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 fline 2b, leave all of item 2 blank, check here and provide only one on to omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in fline 2b, leave all of item 2 blank, check here and provide on on to omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name will not fit in fline 2b, leave all of item 2 blank, check here and provide on on to omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name will not fit in fline 2b, leave all of item 2 blank, check here and provide on on to omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name; if any part of the Individual Debtor's name, will not fit in fline 2b, leave all of item 2 blank, check here and provide only on abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name, will not fit in fline 2b, leave all of item 2 blank, check here and provide only on abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name, will not fit in fline 2b, leave all of item 2 blank and item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME (or NAME of ASSIGNED ASSIGNED ASSIGNED ASSIGNED ASSIGNED A	1652 66827	$\neg$ $\Box$	1			;
Springfield, IL 6270°  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only one better 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 to line, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCCTAd)  1a. ORGANIZATION'S NAME  1b. INDIVIDUAL'S SURNAME  WILMOT  MAILING ADDRESS 3241 W WARNER AVE  CITY  CHICAGO  CITY  CHICAGO  CITY  CHICAGO  CITY  CHICAGO  ADAM  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  POSTAL CODE  COUNTRY  USA  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 at of item 2 blank, check here and provide one individual Debtor information in item 10 of the Financing Statement Addendum (Form UCCTAd)  2a. ORGANIZATION'S NAME  BERTLING  MAILING ADDRESS 3241 W WARNER AVE  CITY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  CITY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  CITY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  CITY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  CITY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  CITY  WAUSAU  CITY  CHICAGO  COUNTRY  CHICAGO  COUNTRY  CHICAGO  CITY  CHICAGO			· -		· · · · · · · · · · · · · · · · · ·	
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The INDIVIDUAL'S SURNAME WILMOT  MAILING ADDRESS 3241 W WARNER AVE  CITY CHICAGO  CITY CHICAGO  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, fail 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 only one individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  BERTLING  MAILING ADDRESS 3241 W WARNER AVE  CITY CHICAGO  CITY CHICAGO  CITY CHICAGO  STATE POSTAL CODE COUNTRY OF						
MAILING ADDRESS 3241 W WARNER AVE   CITY   CHICAGO   COUNTRY   USA	1a. ORGANIZATION'S NAME					
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MAILING ADDRESS 3241 W WARNER AVE  CITY CHICAGO  CITY CHICAGO  CITY CHICAGO  CITY CHICAGO  CITY CHICAGO  COUNTRY USA  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 one individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  [2a. ORGANIZATION'S NAME  [2b. INDIVIDUAL'S SURNAME]  BERTLING  MAILING ADDRESS 3241 W WARNER AVE  [CITY CHICAGO  [CITY CHICAGO  [IL 60618  [COUNTRY USA]  STATE POSTAL CODE COUNTRY USA  [COUNTRY USA]				ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
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 and part of the Debtor's name); if any part of the Individual Debtor's name,	:. MAILING ADDRESS 3241 W WARNER AVE			1		
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2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  BERTLING  MAILING ADDRESS 3241 W WARNER AVE  CITY  CHICAGO  CITY  CHICAGO  CITY  CHICAGO  COUNTRY  USA  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Served Tarly name (3a or 3b)  3a. ORGANIZATION'S NAME Aqua Finance, Inc.  The postal code of assignee of ASSIGNOR SECURED PARTY): Provide only one Served Tarly name (3a or 3b)  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  MAILING ADDRESS One Corporate Drive Suite 300  CITY  Wausau  COUNTRY  Wausau  COUNTRY  USA						
BERTLING  MAILING ADDRESS 3241 W WARNER AVE  CITY CHICAGO  CITY CHICAGO  CITY CHICAGO  STATE FOSTAL CODE FIRST PERSONAL NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME Aqua Finance, Inc.  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  COUNTRY USA  STATE POSTAL CODE VI STATE POSTAL CODE VI STATE VI S		T				
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CHICAGO IL 60618 USA  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Ser ned Party name (3a or 3b)  3a. ORGANIZATION'S NAME Aqua Finance, Inc.  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ABULING ADDRESS One Corporate Drive Suite 300  CITY Wausau  CITY Wausau  CITY Wausau  COUNTRY USA				STATE	TROSTAL CODS	COUNTRY
3a. ORGANIZATION'S NAME Aqua Finance, Inc.  3b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  MAILING ADDRESS One Corporate Drive Suite 300  CITY Wausau  STATE POSTAL CODE VVI 5-1401  USA	WALLING ADDICESS 324   W WARNER AVE		<b>Y</b>	- 1		I
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MAILING ADDRESS One Corporate Drive Suite 300  CITY Wausau  STATE POSTAL CODE VVI 5-:401  COUNTRY USA	3a. ORGANIZATION'S NAME Aqua Finance, Inc.		C			
MAILING ADDRESS One Corporate Drive Suite 300  CITY Wausau  STATE POSTAL CODE WI 5-401  USA	R 3h INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	<del></del> (9)	ADDITIO	NAL NAME(S)/INITIAL(S)	ISUFFIX
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	MAILING ADDRESS One Corporate Drive Suite 300					1
COLLATERAL: This (inancing statement covers the following collateral: IOME IMPROVEMENT - WINDOWS	· · · · · · · · · · · · · · · · · · ·	Wausau		Vvi		USA
	COLLATERAL: This financing statement covers the following collateral:				75c.	
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	HOME IMPROVEMENT- WINDOWS					S S
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative		ust (see UCC1Ad, item 17 and In	structions)	ing administe		I Representative
Check only if applicable and check only one box:  6b. Check only if applicable and check only one box:	Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Tr 1. Check <u>only</u> if applicable and check <u>only</u> one box:		6b.	Check only	red by a Decedent's Persona f applicable and check <u>only</u> o	ine box:
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	Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Tr a. Check <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmit	6b.	Check <u>only</u> Agricul	red by a Decedent's Persona if applicable and check <u>only</u> o tural Lien Non-UCC	ne box: Filing

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#### UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME					
WILMOT					
FIRST PERSONAL N' ME ADAM					
ADDITIONAL NAME(S)/INIT.AL(: ))	SUFFIX				
70		THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 0b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Dilotor's name) and enter the		line 1b or 2b of the I	Financing S	Statement (Form UCC1) (use	e exact, full name
10a. ORGANIZATION'S NAME	maning address in the 100				
0.0					
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
O,	<b>.</b>				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4	· •• · · · · · · · · · · · · · · · · ·			SUFFIX
10c. MAILING ADDRESS	ICITY		ISTATE	POSTAL CODE	COUNTRY
TOC. WALLING ADDITEDS			GIAIL	1 301/12 3052	
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURE ) PARTY	S NAME: Provide	only <u>one</u> na	ame (11a or 11b)	1
11a, ORGANIZATION'S NAME	7/	·			
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		( )			
11c. MAILING ADDRESS	CITY	0,	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			<del>/</del>	1	
72.7.02.7.70.1.7.2.1.7.7.2.1.7.4.00.1.4.7.7.			0		
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				-C)	
13  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the	14. This FINANCING STATE	MENT.			
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	covers timber to be c	<del></del>	extracted (	collateral 🔽 is filed as a	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: 3241 W WARNER				
ADAM WILMOT, ASHLEY BERTLING 3241 W WARNER AVE	CHICAGO, IL 606	—			
CHICAGO, IL 60618	COOK COUNTY	. •			
G/110A00, 12 00010	Parcel Number 13-	-14-423-006			
	Abbrev. Description				
	(GRANT)(PARK) S FULL LEGAL DES		SE SE	SEC 14-40-13	
	LOT 35 (EXCEPT		-Τ\ ΔΝ	DIOT 36 (EXCE	PT EAST 6
	FEET) IN BLOCK	2 IN BOLDE	VWECI	K'S ADDITION TO	O GRANT
17. MISCELLANEOUS:					

## **UNOFFICIAL COPY**

#### UCC FINANCING STATEMENT ADDENDUM

9. NAME OF FIRST DESTOR: Same as line to or to on Floanding Statement; if time 10 was tell blank before interine did not 10; check here [ ]  9a. ORGANIZATION'S NAME  OR BENDINDUAL'S SURNAME  WILMOT  FIRST PERSONAL NIME  ADAM  ADDITIONAL NAME(S)INNTIAL(5)  THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY  10. DESTOR'S NAME: Provide (No or 10), only gog additional Debtor name that did not fit in line 10 or 20 of the Financing Statement (Form UCC1) (use exact, full name do not only, modify, or above value any part of the Distor's name and orient the mailing address in line 10c.  OR 100. NOWINDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  110. MALING ADDRESS  CITY  ASSIGNOR SECURED FARTY'S NAME: Provide only gog name (11a or 11b)  11a. ORGANIZATION'S NAME  11b. MALING ADDRESS  CITY  ASSIGNOR SECURED FARTY'S NAME: Provide only gog name (11a or 11b)  11c. MALING ADDRESS  CITY  ASSIGNOR SECURED FARTY'S NAME: Provide only gog name (11a or 11b)  11c. MALING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11c. MALING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY
99. ORGANIZATIONS NAME  OR  99. INDIMIDUAL'S SURNAME  WILMOT  FIRST PERSONAL IN ME  ADDAM  ADDITIONAL NAME(S)/INITIAL(S)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. DEBTOR'S NAME: Provide (109 or 109, only gog additional Debtor name or Debtor name that did not fit in line 1 to or 2b of the Financing Statement (Form UCC1) (use exact, full name do not only, modify, or abbreviate any part of the Culture of Debtor name) and enter the mailing address in line 10c  106. ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only gog name (11a or 11b)  11a. ORGANIZATION'S NAME  OR  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME: Provide only gog name (11a or 11b)  11c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  11c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY
WILMOT FIRST PERSONAL N ME ADAM ADDITIONAL NAME(S)/INITIAL(S)  10. DEBTOR'S NAME: Provide (toa or dis, only gog additional Debtor name or Debtor name that did not fit in line to or 2b of the Financing Statement (Form UCC1) (use exact, full name do not omit, modify, or abbreviate any part of one Publor's name) and enter the mailing address in line 10c  10a. ORGANIZATION'S NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11d. ORGANIZATION'S NAME  FIRST PERSONAL NAME: Provide only gog name (11a or 11b)  11d. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11d. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11d. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11d. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY
WILMOT FIRST PERSONAL N ME ADAM ADDITIONAL NAME(S)/INITIAL(1)  10. DEBTOR'S NAME: Provide (to a or lob, only gog 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 one Dibtor's name) and enter the mailing address in line 10c  10a. ORGANIZATION'S NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  10c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  11a. ORGANIZATION'S NAME  Provide only gog name (11a or 11b)  11a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUPFIX  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUPFIX  11c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY
WILMOT FIRST PERSONAL N ME ADAM ADDITIONAL NAME(S)/INITIAL(1)  10. DEBTOR'S NAME: Provide (to a or lob, only gog 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 one Dibtor's name) and enter the mailing address in line 10c  10a. ORGANIZATION'S NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  10c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  11a. ORGANIZATION'S NAME  Provide only gog name (11a or 11b)  11a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUPFIX  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUPFIX  11c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY
FIRST PERSONAL N. ME ADAM  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. DEBTOR'S NAME: Provide (10a or '0b), only ong additional Debtor name or Debtor name that did not fit in line 15 or 25 of the Financing Statement (Form UCC1) (use exact, full name do not onlit, modify, or abbreviate any part of the Publior's name) and enter the mailing address in line 10c  10a. ORGANIZATION'S NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11d. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SUFFIX  STATE  POSTAL CODE  COUNTRY  11d. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY
ADDITIONAL NAME(S)/INITIAL(S)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. DEBTOR'S NAME: Provide (103 or 105) 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 Custor's name) and enter the mailing address in line 10c  10a. ORGANIZATION'S NAME  10b. INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  10c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11. ADDITIONAL SECURED PARTY'S NAME  11a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10. DEBTOR'S NAME: Provide (10a or 0b, only one additional 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 Publish name) and enter the mailing address in line 10c  10a ORGANIZATIONS NAME  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  10c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11a. ORGANIZATION'S NAME  FIRST PERSONAL NAME: Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  FIRST PERSONAL NAME: ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY
10. DEBTOR'S NAME: Provide (10a or 0b) 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 Dislor's name) and enter the mailing address in line 10c  10a. ORGANIZATION'S NAME  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  10c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11a. ORGANIZATION'S NAME  OR  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME: Provide only one name (11a or 11b)  11c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY
do not omit, modify, or abbreviate any part of the Public's name) and enter the mailing address in line 10c  10a. ORGANIZATION'S NAME  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  10c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  11. ADDITIONAL SECURED PARTY'S NAME of 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  CITY  STATE POSTAL CODE  COUNTRY  CITY  STATE POSTAL CODE  COUNTRY
OR 10b, INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  10c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURE OF ARTY'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
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 FARTY'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
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  10c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURE) FARTY'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
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  10c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURE) FARTY'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
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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
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
11c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY
11c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):
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13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)
Covers without to be cut. Covers as-extracted contacted. Its med as a fixture ining
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:  PARK, A SUBDIVISION OF THE EAST HALF OF THE
SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF
SECTION 14, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
THIND I THINGS AL MENDIAN, IN OCCIO COUNTY, ILLINGSO.
17. MISCELLANEOUS: