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Doc# 1917019011 Fee \$88.00

UCC FINANCING STATEMENT

FO	LLOWINSTRUCTIONS	RHSP FEE:\$9.00 RPRF FEE: \$1.00				
A. NAME & PHONE OF CONTACT AT FILER (optional)			EDWARD H. HOODY			
	CSC 1-800-858-5294		COOK COUNTY	DECODA	TD OF DEFNS	
В.	E-MAIL CONTACT AT FILER (optional)					
	SPRFiling@cscglobal.com		DATE: 06/19	/2019 6:	3:10 PM PG: 1 OF	3
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)					
П	1657 69483		-		<u> </u>	
l '	csc	'				
	801 Adlai Stevenson Drive					
	Springfield, IL 6270?	led In: Illinois				
Ιı		(Cook)				
י ו	_	_	THE ABOVE SP	ACE IS FO	R FILING OFFICE USE	ONLY
1. [DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, for	ıll name: do not omit, r	nodity, or abbreviate any part i	of the Debtor	's name); if any part of the In	dividual Debtor's
			r information in item 10 of the			
	1a. ORGANIZATION'S NAME					
ΩĐ						
OR	1b. INDIVIDUAL'S SURNAMÉ	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	LEWIS	DAVID				
1c.	MAILING ADDRESS 11534 S EGGLESTON AVE	CITY		STATE	POSTAL CODE	COUNTRY
		CHICAGO		IL	60628	USA
2. [DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, f		nodify, or abbreviate any part of	of the Debtor	's name); if any part of the In	dividual Debtor's
			r information in item 10 of the			
	2a. ORGANIZATION'S NAME	τ				
OR	26. INDIVIDUAL'S SURNAME	FIRST PEP JON'A	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS	CITY	/	STATE	POSTAL CODE	COUNTRY
20,	MAILING ADDITION		1/X,			
	PERIODE BARTING				<u></u>	<u> </u>
3. 3	SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SEC	CURED PARTY): Prov	nde only one Sechal Party na	me (3a or 3t)	
	3a. ORGANIZATION'S NAME Aqua Finance, Inc.		6/			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	LADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	ISD. INDIVIDUAL'S SURNAME	PIRST PERSONAL	INAME	PODITIO	NAC NAME(S)/NATIAC(S)	John
	MALLING ADDRESS On a Comparate Drive Suite 200	CITY		ST/ TE	POSTAL CODE	COUNTRY
50.	MAILING ADDRESS One Corporate Drive Suite 300	Wausau		W	54401	USA
		1.144044				_L
4. (COLLATERAL: This financino statement covers the following collateral:			'	UK.	
	VINDOWS		,			

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 <u>only</u> if applicable and check <u>only</u> 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 Selle	r/Buyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :CXSX403233995	1657 69483

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS							
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here	Statement; if line 1b was left blank						
9a. ORGANIZATION'S NAME		1					
OR 9b. INDIVIDUAL'S SURNAME							
LEWIS FIRST PERSONAL N. ME.		_					
DAVID							
ADDITIONAL NAME(S)/INIT.AL(S)	SUFFIX						
70		THE ABOVE SPACE IS FOR FILIN					
 DEBTOR'S NAME: Provide (10e or 10L1 only one additional De- do not omit, modify, or abbreviate any part of the Explores name) and 		it in line 1b or 2b of the Financing Statement (Form	a UCC1) (use exact, full name				
10a. ORGANIZATION'S NAME							
OR 10b. INDIVIDUAL'S SURNAME							
IND. INDIVIDUAL'S SURVAME							
INDIVIDUAL'S FIRST PERSONAL NAME	~						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX				
INDIVIDUAL OF IDENTIFICATION IN THE CONTRACTOR	4		55.1				
10c. MAILING ADDRESS	CITY	STATE POSTAL COL	DE COUNTRY				
	0,						
11. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PART	Y'S NAME: Provide only one name (11a or 11)				
OR		1					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)	INITIAL(S) SUFFIX				
11c. MAILING ADDRESS	CITY	STATE POSTAL COL	DE COUNTRY				
		4/4/					
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		T.6					
		V/Sc.					
			Ö				
42 This Financial STATIMENT is to be find the record for record	rded) in the 14. This FINANCING STA	TEMENT:					
 This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) 	covers timber to	r1	is filed as a fixture filing				
 Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest): 	· ·	tate:					
DAVID LEWIS	County:COOK Parcel Number:2	25-21-308-019					
11534 S EGGLESTON AVE CHICAGO, IL 60628	Abbrev. Descrip	Abbrev. Description:DIST:72 CITY:LAKE					
311137.333, 12 33323		SEC/TWN/RNG/MER:SEC 21 TWN 37N RNG 14E MAP					
	REF:25-21-SW ((E&F) D FOR FULL LEGAL DESCRIP	TION				
17. MISCELLANEOUS:							

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Full Legal Description

THE SOUTH 30 FEET OF LOT 3 AND THE NORTH 10 FEET OF LOT 4 IN FALLIS' RESUBDIVISION OF LOT 4 IN BLOCK 2 IN JOSEPH W. WAYNE'S ADDITION TO PULLMAN, BEING A SUBDIVISION OF THE ESAT ½ OF THE NORTHEAST ¼ OF THE SOUTHWEST ¼ OF SECTION 21, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

