## MOFFICIAL CC

Record at the request of and when recorded return to: Paramount Equity Mortgage, LLC DBA Loanpal

### Doc# 1917613095 Fee \$93.00

UCC FINANCING	STATEMENT
FOLLOW INSTRUCTIONS	

A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) filings@loanpalsupport.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Paramount Equity Mortgage, LLC DBA Loanpal PO Box 4387

RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDHARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 06/25/2019 11:49 AM PG: 1 OF 2

	Portland, OR 97208					
			THE ABOVE SP.	ACE IS FO	R FILING OFFICE USE	ONLY
	DEBTOR'S NAME: Provide or y sine Debtor name (1a or 1b) (use exact, full					
OR	18. ORGANIZATION'S NAME	the Individual Debt	or information in item 10 of the f	Inancing St	atement Addendum (Form U	CC1Ad)
UK	1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	SUFFIX	
	Mawhorr	Sarah				
	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
13	331 Radcliffe Lane	Schaumb	urg	IL	60193	USA
<b>0</b> 0	name will not fit in line 2b, leave all of item 2 blank, check here and rovire  2a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·	CC1Ad)
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIONAL NAME(S)/INITIAL(S)		
2c.	MAILING ADDRESS	CITY	7%,	STATE	POSTAL CODE	COUNTRY
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	IRED PARTY): Pro	vide cy one Secured Party na	me (3a or 3b	o)	
3a. ORGANIZATION'S NAME Paramount Equity Mortgage, LLC DBA Loanpal						
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3¢.	MAILING ADDRESS .	CITY		STATE	POSTAL CODE	COUNTRY
83	781 Sierra College Boulevard	Roseville		CA	95746	USA
4. C	OLLATERAL: This financing statement covers the following collateral:				J.C.	

All of the debtor's right, title and interest in the Photovoltaic Solar Energy Equipment or Energy Storage/Batter, Equipment (If any), including but not limited to rooftop solar panels, solar roofing materials, wall mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems, related equipment, and additions or replacements of the say e. In addition, the security interest includes all warranties issued with respect to the referenced collateral.

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	SN
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:  Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	6b. Check only if applicable and check only one box:  Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): X Lessee/Lessor Consignee/Consignor Seller/Bu	yer Bailee/Bailor Licensee/Licens
8. OPTIONAL FILER REFERENCE DATA: Acct # 1909005759	<u> </u>
UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20	1/11) DC 0/ 40



# **UNOFFICIAL COPY**

#### UCC FINANCING STATEMENT ADDENDUM

OLLOWINSTRUCTIONS		_			
. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemer because Individual Debtor name did not fit, check here	nt; if line 1b was left blank	]			
9a. ORGANIZATION'S NAME		i			
OR 9b. INDIVIDUAL'S SURNAME					
Mawhorr					
FIRST PERSONAL CAME		1			
Sarah					
ADDITIONAL NAME(3)//N"TIAL(S)	SUFFIX				
A DESTORIS NAME OF		·			FFICE USE ONLY
<ol> <li>DEBTOR'S NAME: Provide (100 (1) 20) only one additional Debtor named on not omit, modify, or abbreviate any part r. the Debtor's name) and enter the control of the control o</li></ol>		n line 15 or 25 of the	Financing S	Statement (Form UC)	C1) (use exact, full name
10a. ORGANIZATION'S NAME					
R					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	)/				SUFFIX
	<b>午</b>				
0c. MAILING ADDRESS	CIY		STATE	POSTAL CODE	COUNTRY
				j	
	GNOR SECURED PARTY	'S NAME: Provide	only <u>one</u> n	ame (11a or 11b)	
11a. ORGANIZATION'S NAME	*/ // x.				
T1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAT		ADDITIO	NAL NAME(S)/INITI	AL(S) SUFFIX
1c. MAILING ADDRESS	CITY	70	STATE	POSTAL CODE	COUNTRY
		(4/2/			
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		1			
		•	Q, \		
				THE CO	
				0	
3. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in	the 14. This FINANCING STATE	MENT			
REAL ESTATE RECORDS (if applicable)	covers timber to be		-extracted	collateral X is fi	led as a fixture filing
5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):				vensional Z to it	too as a timeto minig
Sarah Mawhorr	County of: Cool	k			
aran mawnon					
	Address of Real Estate: 1331 F	Radcliffe Lane, So	haumburį	g, IL, 60193	
			^		
	APN: 0729	9405008000	0		
	APN: 0729 LOT 6102 IN SECTION R10E 3P			LD UNIT #6 SE4	OF SEC29 T41N