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UCC FINANCING STATEMENT

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A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1695 33455 CSC 801 Adlai Stevenson Drive	
Springfield, IL 62703	Filed In: Illinois (Cook)

((4m;m) (1m;m (m;	8192527	11869	

Doc# 1925234186 Fee \$88.00

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

EDHARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

1695 33455		000,, 000			a= a
CSC 801 Adlai Stevenson Drive	, I	DATE: 09	1/09/2019	03:31 PM PG: 1	OF 3
Springfield, IL 62703	iled In: Illinois				
	(Cook)				
				R FILING OFFICE USE	
DEBTOR'S NAME: Provide only rise L'ebtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of ic.,, ouch, check here and provi	full name; do not omit, modifide the Individual Debtor info				
1a. ORGANIZATION'S NAME					
TID, INDIVIDUAL'S SURNAME STEVENS	FIRST PERSONAL NA	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS 4607 N KEYSTONE AVE	MARIA	·	07475	IPOSTAL CODE	20111751
MAILING ADDRESS 4007 IN RETSTONE AVE	CHICAGO		IL.	60630	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use excepname will not fit in line 2b, leave all of item 2 blank, check here and provide name will not fit in line 2b, leave all of item 2 blank, check here	الله name; do not omit, modif de the Individual Debtor info				
2a. ORGANIZATION'S NAME	4				•
R					
2b. INDIVIDUAL'S SURNAME	FIRST HERSUNAL NA	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
: MAILING ADDRESS	CITY) _{x.}	STATE	POSTAL CODE	COUNTRY
OFOURED DARWING		<u> </u>		1	
SECURED PARTY'S NAME for NAME of ASSIGNEE of ASSIGNOR SE 3a. ORGANIZATION'S NAME Aqua Finance, Inc.	ECURED PARTY): Provide of	only <u>one</u> Securbal Party n	ame (3a or 3b)	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME C	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS One Corporate Drive Suite 300	сітү Wausau		STA (E)	POSTAL CODE 54401	COUNTRY
COLLATERAL: This financing statement covers the following collateral:				$\Theta_{\mathcal{L}_{i}}$	
GARAGE				Sign Co	
				10	
				0	
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Tro	ust (see UCC1Ad, item 17 ar	nd Instructions) be	eing administe	red by a Decedent's Persona	Representative
. Check <u>only</u> if applicable and check <u>only</u> one box:		6b	. Check <u>only</u> i	f applicable and check only	one box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Tran	nsmitting Utility	Agricult	tural Lien Non-UCC	Filing
ALTERNATIVE DESIGNATION (if applicable): Lessea/Lessor	Consignee/Consignar	Seller/Buyer	Ва	ilee/Bailor Licer	see/Licensor
OPTIONAL FILER REFERENCE DATA: :AFIS001656602					1695 3345
· · · · · · · · · · · · · · · · · · ·					1030 3340
LING OFFICE COPY — UCC FINANCING STATEMENT (Form I	HCC1) (Rev. 04/20/41)				
THE CITIES OF THE BOOT MANIGING STATEMENT (FORM)	5001) (Rev. 04/20/11)				

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UCC FINANCING STATEMENT ADDENDUM

FOLLOWINSTRUCTIONS						
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank					
9a. ORGANIZATION'S NAME						
1						
OR CLAUDING BURNING						
95. INDIVIDUAL'S SURNAME STEVENS						
FIRST PERSONAL NAVIE						
MARIA						
ADDITIONAL NAME(S)/I.viTl',L(S)	SUFFIX					
		THE ABOVE	SPACE	IS FOR FILING O	FFICE USE	ONLY
10. DEBTOR'S NAME: Provide (10a or 1001) nly one additional Debtor name or	Debtor name that did not fit in lin	e 1b or 2b of the f	inancing S	Statement (Form UC)	C1) (use exac	t, full name;
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m	nailing address in line 10c					
IOG. ONGANIEM TOTO WANTE						
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					S	UFFIX
	T_{\triangle}					
10c. MAILING ADDRESS	CITY		STATE	PÖSTAL CODE	C	OUNTRY
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGN	OR SECURED PARTY'S	NAME: Provide	only <u>one</u> n	ame (11a or 11b)		
11a. ORGANIZATION'S NAME	10x					
OR 11b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		TADDITIO	DNAL NAME(S)/INITI	AL(E) Le	UFFIX
TIS, INDIVIDUAL S SONINAIME	TING! FERGOINAL NAME	0.	ADDITIO	MAL MANIE(S)/INTT	AL(S)	UFFIX
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	0	OUNTRY
		Cy				
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			74	-		
			. 0,			
				//×		
				6		
13 This EINANCING STATEMENT is to be fled the consell for recorded in the	14 This EMANGING STATEME	LIT.				
 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 	14. This FINANCING STATEME	Covers as	hatnestva	collateral 📝 is f	iled as a fixtu	ro filina
15. Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real estate:	covers as	CALIBOTO	CONGLOTES P 13 II	iicu ay a iixta	-c many
(if Debtor does not have a record interest): MARIA STEVENS	4607 N KEYSTONE					
4607 N KEYSTONE AVE	CHICAGO, IL 60630					
CHICAGO, IL 60630	County: COOK Parcel Number: 13-15-222-039					
	PLEASE VIEW ATTACHED DESCRIPTION BELOW					
17. MISCELLANEOUS:						

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THE NORTH 6 FEET AND 4 INCHES OF LOT 37 AND ALL OF LOT 36 IN BLOCK 4 IN IRVING PARK ADDITION, SAID ADDITION BEING A SUBDIVISION OF LOTS 2, 3, 4, 5, 6, 17, 18, 19, 20 AND PART OF LOT 21 IN FITCH AND HECOX SUBDIVISION OF THE NORTHEAST ½ OF SECTION 15. TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLNOIS.

Property of Cook County Clerk's Office