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Doc# 1929540024 Fee \$93.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 10/22/2019 01:30 PM PG: 1 OF 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)  
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)  
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 37724 - OVATION SALES

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	71220820 ILIL FIXTURE
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File with: Cook, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. 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's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S SURNAME SOWERS		FIRST PERSONAL NAME TAMELA	ADDITIONAL NAME(S)/INITIAL(S) D	SUFFIX
1c. MAILING ADDRESS 2816 188TH ST		CITY LANSING	STATE IL	POSTAL CODE 60438-3402	COUNTRY USA

2. 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 the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME SOWERS		FIRST PERSONAL NAME STEVEN	ADDITIONAL NAME(S)/INITIAL(S) E	SUFFIX
2c. MAILING ADDRESS 2816 188TH ST		CITY LANSING	STATE IL	POSTAL CODE 60438-3402	COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME OVATION SALES FINANCE TRUST					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 835 W 6TH ST STE 1440		CITY AUSTIN	STATE TX	POSTAL CODE 71703	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
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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):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:  
71220820 1523275

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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 

9a. ORGANIZATION'S NAME

OR  
9b. INDIVIDUAL'S SURNAME

SOWERS

FIRST PERSONAL NAME

TAMELA

ADDITIONAL NAME(S)/INITIAL(S)

D

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) 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 Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR  
10b. INDIVIDUAL'S SURNAME

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 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

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

 covers timber to be cut  covers as-extracted collateral  is filed as 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):

LORENZO PRICE  
2816 188TH ST  
LANSING, IL 60438-3402

16. Description of real estate:

Parcel ID:  
APN: 33-06-214-041-0000BORROWER LAST/FIRST NAME: SOWERS, D.  
TAMELACO- BORROWER LAST/FIRST NAME: SOWERS, E.  
STEVEN

[ See Exhibit for Real Estate ]

17. MISCELLANEOUS: 71220820-IL-31 37724 - OVATION SALES FINANC OVATION SALES FINANCE TRUST File with: Cook, IL 1523275

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**Debtor:** SOWERS, TAMELA, D

## Exhibit for Real Estate

**16. Description of real estate:** Continued

APN: 33-06-214-041-0000

Property Description: A PARCEL OF LAND LOCATED IN THE STATE OF IL, COUNTY OF COOK, WITH A SITUS ADDRESS OF 2816 188TH ST, LANSING IL 60438-3402 C013 CURRENTLY OWNED BY PRICE LORENZO HAVING A TAX ASSESSOR NUMBER OF 33-06-214-041-0000 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS PART W2 E2 W2 NE4 SEC06 AND DESCRIBED IN DOCUMENT NUMBER 7055056 DATED 2/4/2013 AND RECORDED 3/11/2013. LOT: 321  
Twnshp-35N  
Rng-15E  
Sec-06

Property of Cook County Clerk's Office