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

UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS

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 Portland, OR 97208	

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, ,		Doc# 1935322	066 Fee \$93.00	
B. E-MAIL CONTACT AT FILER (optional)				
filings@loanpalsupport.com		RHSP FEE:\$9.00 RI	PRF FEE: \$1.00	
SEND ACKNOWLEDGMENT TO: (Name and Address)		EDWARD M. MOODY		
	—¬	COOK COUNTY RECOR	DER OF DEEDS	
Paramount Equity Mortgage, LLC DBA Loanp PO Box 4387	al I	DATE: 12/19/2019	01:10 PM PG: 1 0	F 2
Po Box 4387 Portland, OR 97208			•	_
rordand, OK 77200		× ,		
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		THE ABOVE SPACE IS	FOR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide Safe on 9 Debtor name (1a or 1b) name will not fit in line 1b, leave on of them 1 blank, check here	(use exact, full name; do not omit, modify, and provide the Individual Debtor inform	, or abbreviate any part of the Demantion in item 10 of the Financine	otor's name); if any part of the	Individual Debtor's
1a. ORGANIZATION'S NAME		The state of the fall and the state of the s	Statement Addendant (Form I	UCC1AB)
1b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
Zastrow	Robert	,,,	TOTAL TARELOJAM TIALIO	SOFFIX
. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
1090 Bradford Court	Elgin	IL	60120	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b)			1	
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor inform	or appreviate any part of the Det nation in item 10 of the Financing	otor's name); if any part of the I	Individual Debtor's
2a. ORGANIZATION'S NAME		To de trid i mandrig	Statement Addendum (POIM (OCCIAG)
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAMI	E ADDIT	TONAL NAME(S)/INITIAL(S)	Tourse.
		ADDII	IONAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STAT	POSTAL CODE	- Indiana
		SIAII	FOSTAL CODE	USA
SECUPED BARTY'S NAME (<u> </u>	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SIGNOR SECURED PARTY): Provide on	y one Serund Party name (3a or	36)	_
Paramount Equity Mortgage, LLC DBA Loanpa	I	C /		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	E ADDIT	IONAL NAME(S)/INITIAL(S)	Tau-
		Abbit	TOTAL NAME (S)/INTTAL(S)	SUFFIX
MAILING ADDRESS	CITY	SIATE	POSTAL CODE	COUNTRY
8781 Sierra College Boulevard	Roseville	0.	'-	COUNTRY
COLLATERAL: This financing statement covers the following co		CA	95746	00
SOLEN TEXAL. This intending statement covers the following co	lateral;			
All of the debtor's right, title and interest in the I	hotovoltaic Solar Energy Fanira	ment or Engras Claraca/D	attames a same and CIC	A. taralar 10 .
but not limited to rooftop solar panels, solar roof	ing materials, wall mounted batt	teries, stand alone batterie	attery Et alyment (II an	iy), including
brackets, roof mounted or ground mounted rack	ing systems, related equipment.	and additions or replacen	sents of the same. In ad	wires, support
security interest includes all warranties issued wi	th respect to the referenced colla	teral.	ients of the same. In ad	idition, the
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Sheet and Street and All Street				
	neld in a Trust (see UCC1Ad, item 17 and		tered by a Decedent's Persona	
Check only if applicable and check only one box:		6b. Check on	y if applicable and check <u>only</u>	one box:
Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home To	ransaction A Debtor is a Transm	6b. Check onlinitting Utility Agric	y if applicable and check <u>only</u> ultural Lien X Non-UCC	one box: Filing SC
Check only if applicable and check only one box:	ransaction A Debtor is a Transm	8b. Check onl	y if applicable and check <u>only</u> ultural Lien X Non-UCC	one box:

brackets, roof mounted or ground	mounted racking system	s, related equipment	, and additions or :	replacements of the	e same. In addition	support , the	
security interest includes all warrar	ities issued with respect	to the referenced coll	lateral.				
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						SA]
5. Check only if applicable and check only one box:	Collateral isheld in a Trust	(see UCC1Ad, item 17 and	d Instructions) bei	ng administered by a De	cedent's Personal Repre	sedadle \	7
6a. Check only if applicable and check only one box					and check only one box		,
Public-Finance Transaction Manu	ufactured-Home Transaction	A Debtor is a Trans		Agricultural Lien	X Non-UCC Filing	SC Y	
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bailee/Bailor	Licensee/Licensee	ensor	
8. OPTIONAL FILER REFERENCE DATA: Acct # 1904011101							
7,000	·					10.17	١/
	UCC FINANCING STA	TEMENT (Form UCC	1) (Rev. 04/20/11)			11.6.1 VI	ν.
						D1120	i ie

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	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement pecause Individual Debtor name did not fit, check here	t; if line 1b was left	blank				
	9a. ORGANIZATION'S NAME		·				
		·					
•							
OR	9b. INDIVIDUAL'S SURNAME						
	Zastrow						
	FIRST PERSONAL N' ME Robert						
	ADDITIONAL NAME(\$\text{S}, INIT_AL(\$)		SUFFIX				
	0			THE 4001			
١٥.	DEBTOR'S NAME: Provide (10a c 10t) only one additional Debtor name	or Debtor name ti	at did not fille to	THE ABOV	SPACE	IS FOR FILING OFFIC	E USE ONLY
	and enter the	mailing address i	n line 10c	ne 10 or 25 of the	Hinancing	Statement (Form UCC1) (u	se exact, full na
	10a, ORGANIZATION'S NAME						
DR.							
J.	10b. INDIVIDUAL'S SURNAME		-	···			
	INDIVIDUAL'S FIRST PERSONAL NAME						
	University of the control of the con						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	1		_			SUFFIX
Ωc	MAILING ADDRESS	1					
U C.	MAILING ADDRESS	CIT			STATE	POSTAL CODE	COUNTR
1. I	ADDITIONAL SECURED PARTY'S NAME OF ASSIGNATION S NAME	NOR SECUR	D PARTY'S	NAME: Provide	only <u>one</u> n	ame (11a or 11b)	
	TIA. ORGANIZATIONS NAME		'/)x.	-		<u></u>	
R	11b INDIVIDUAL'S SURNAME	FIRST PERSO					
		FIRST PERSO	NAL NAME		ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
1c.	MAILING ADDRESS	CITY			STATE	Tanaa .	
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_	ADDITIONAL SPACE FOR ITEM 4 (Collateral):		···		1		
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3. [This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	e 14, This FINAN	CING STATEME timber to be cut	NT:			a fixture filing
3. [This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in item 16 of Debtor does not have a record interest):	e 14. This FINAN covers	timber to be cut				a fixture filing
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3. [5. N	ame and address of a RECORD OWNER of real estate described in item 16 f Debtor does not have a record interest):	16. Description County Address Real Est: AP LOT 5 IN SECTION	of: Cook of atc: 1090 Bra N: 06072 COBBLER'S 6 AND 7, TO	covers as-	extracted of gin, IL, 60	Distriction is filed as a part of the control of th	OF PART (