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Record at the request of and when recorded return to: Loanpal, LLC

UCC FINANCING STATEMENT

FOLLOWINSTRUCTIONS		Doc# 20
A. NAME & PHONE OF CONTACT AT FILER (optional)		DOCH C
B. E-MAIL CONTACT AT FILER (optional)		RHSP FEE
filings@loanpalsupport.com	İ	EDHARD M
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		COOK COU
Loanpal, LLC PO Box 4387	コ	DATE: 02
Portland, OR 97208		
		THE ABOVE S
1. DEBTOR'S NAME: Provide unit, one Debtor name (1a or 1b) (use exname will not fit in line 1b, leave all in term 1 blank, check here in and	kact, full name; do not omit, modif	y, or abbreviate any par
1a. ORGANIZATION'S NAME	provide the menuted a people and	Thailor in Rein 10 of the
OR 15 INDIVIDUAL'S SURNAME	FIRST DERSONAL MAI	uc .

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1. MOODY

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2/28/2020 08:31 AM PG: 1 OF 3

,	1a. ORGANIZATION'S NAME	Il name; do not omit, n a the Individual Debtor	THE ABOVE SPA nodify, or abbreviate any part of information in item 10 of the Fir	the Debto	OR FILING OFFICE USE ('s name); if any part of the In atement Addendum (Form UC	dividual Debtor's
UK	16. INDIVIDUAL'S SURNAME Vargas	FIRST PERSONAL Susana	. NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS 344 Longford Cir	Elgin		STATE	60120-4827	COUNTRY
2. [r	2a. ORGANIZATION'S NAME	name; do not omit, m	iodify, or abbreviate any part of information in item 10 of the Fir	the Debtor nancing St	's name); if any part of the In atement Addendum (Form UC	dividual Debtor's CC1Ad)
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c.	MAILING ADDRESS	CITY	7%	STATE	POSTAL CODE	COUNTRY
3. \$	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY): Provi	de oni, <u>une</u> Secured Party name	e (3a or 3b)	
OR	3a. ORGANIZATION'S NAME Loanpal, LLC		C		·	
UR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	781 Sierra College Boulevard	Roseville		CA	>5746	USA
4. (COLLATERAL: This financing statement covers the following collateral: All of the debtor's right, title and interest in the Photovoltaid but not limited to rooftop solar panels, solar roofing material brackets, roof mounted or ground mounted racking systems security interest includes all warranties issued with respect to	als, wall mounted s, related equipm	l batteries, stand alone ba ent, and additions or rep	atteries,	inverters, cables and w	vires, support

	S _N
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 Representation
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 SC Y
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bull 8. OPTIONAL FILER REFERENCE DATA:	uyer Bailee/Bailor Licensee/Licenso
Acct # 1912016016 UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20	INT _A

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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 9b. INDIVIDUAL'S SURNAME Vargas FIRST PERSONAL NAME Susana ADDITIONAL NAME(S)/ (ITIAL (S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10) 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 116. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY TO OFFICE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X 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 16. Description of real estate: (if Debtor does not have a record interest): County of: Cook Susana Vargas Address of Real Estate: 1344 Longford Cir, Elgin, IL, 60120-4827 APN: 06173070090000 See Exhibit A 17. MISCELLANEOUS:

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Exhibit A

LOT 29 IN COUNTRY BROOK, BEING A SUBDIVISION OF PART OF THE SOUTHWEST QUARTER OF SECTION 17 AND PART OF THE SOUTHEAST QUARTER OF SECTION 18, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN HANOVER TOWNSHIP, COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF RECORDED AUGUST 31, 1989 AS DOCUMENT NUMBER 89410826, IN COOK COUNTY, ILLINOIS.

COOK COUNTY RECORDER OF DEEDS, OFFICE