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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS			2016408008*	
A. NAME & PHONE OF CONTACT AT FILER (optional)		Noc# 20164	38008 Fee \$93	ร ดด
Connie Sorenson (801) 747-7713	1022242	20211 20101	20000 FG #30	
B. EMAIL CONTACT AT FILER (optional)		RHSP FEE:\$9.06	RPRF FEE: \$1.00	
csorenson@medallionbank.com		EDWARD M. MOOI		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
· · · · · · · · · · · · · · · · · · ·	\neg \vdash	1	CORDER OF DEEDS	
MEDALLION BANK	`	DATE: 06/12/20	20 09:08 AM PG:	1 OF 2
1100 EAST 6600 SOUTH, SUITE 510			the state of the s	
SALT LAKE CITY, UT 84121				
FILED IN: COOK,IL				
		THE ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
1.;DEBTOR'S:NAME:-:Provide only an Orbitor name (1a or 1b) (use exact	t, full name; do net omit, r	nodify, or abbreviate any part of the Debtor	s name); if any part of the Ir	ndividual Debtor's
name will not fit in line 1b, feave all of iten. 1 biz check here 🔲 and provide	e the Individual Debtor inf	ormation in item 10 of the Financing Statem	ent Addendum (Form UCC	1Ad)
1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERS		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
Gehrenbeck 1c. MAILING ADDRESS	Camille	M STA	TE POSTAL CODE	COUNTRY
4852 N Hoyne Ave	Chicago	J -	60625	USA
DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact		L		
name will not fit in line 2b, leave all of item 2 blank, check here and provide			• •	
2a. ORGANIZATION'S NAME	arrada Babtar III	strated in the state of the treating states	contracting of the cooperation	,,,,,
	C,			
OR 2b, INDIVIDUAL'S SURNAME	FIRS PF (S	ONAL NAME ADI	DITIONAL NAME(S)/INITIAL	(S) SUFFIX
Gehrenbeck	Richa.d	P		
26. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
		9		
4852 N Hoyne Ave	Chicago		60625	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR)	SECURED PARTY): Pro	ride only one Secured Farty name (3a or 3	p)	
3a. ORGANIZATION'S NAME		0/4/		
OR MEDALLION BANK 35. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME TANK	DITIONAL NAME(S)/INITIAL	(S)TSHEELY
D. MENTONE & CONTINUE	7.1.67.1.21.6	(0)		
3c MAILING ADDRESS	CITY	S17	E TI OSTAL CODE	COUNTRY
SC. MAILING ADDRESS	On	1317	TE TROSTREGODE	COOM
1100 EAST 6600 SOUTH, STE 510	SALT L	KE CITY U	Г 184121	USA
4. COLLATERAL: This financing statement covers the following collateral:			<u> </u>	l
Solar panels and inverters - Fixture Filing			C	
THE FOLLOWING PROPERTY IS SITUATED	IN CHICAGO,	COUNTY OF COOK, STA	ATE OF ILLINOIS	S TO WIT:
STERNS LOT 5&3 SEC 07 T40 R14 LAK		PROPERTY ADDRESS: 4	852 N HOYNE A	.VE,
CHICAGO, IL 60625 PARCEL ID#:14-07-323-	020-0000			
5. Check only if applicable and check only one box : Collateral is held in a Ti	rust (see UCC1Ad, item 1	7 and Instructions) being administere	by a Decedent's Personal	Representative
6a. Check only if applicable and check only one box:	-		f applicable and check only	
Public-Finance Transaction Manufactured-Home Transact	ion A Debtor is a	Transmitting Utility Agricult	_	

Consignee/Consignor

____Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

2016408008 Page: 2 of 2

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UCC FINANCING STATEMENT ADDENDU!	VI					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if	line 1b was left blank	1				
because individual Debtor name did not fit, check here						
9a. ORGANIZATION'S NAME]				
OR.						
9b, INDIVIDUAL'S SURNAME		1				
Gehrenbeck						
FIRST PERSONAL NAME		1				
Camille						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	1				
м О		THE ABOVE SPACE	IS FOR FILING OFFICE U	ISE ONLY		
10. DEBTOR'S NAME: Provide (15.4 or 0b) only one additional Debtor name or	Debtor name that did not fit in line			•		
do not omit, modify, or abbreviate any port of the Debtor's name) and enter the m 10a. ORGANIZATION'S NAME	ailing address in line 10c	•				
OR 10b, INDIVIDUAL'S SURNAME						
U)r						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S))_			SUFFIX		
OC, MAILING ADDRESS	CITY	İSTA	TE TPOSTAL CODE	COUNTRY		
				USA		
	COURSED BAR OF WARES			USA		
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SE	ECURED PARTY'S NAME: Pro	ivide only <u>one</u> name (11a or 11b)			
The Grown British						
OR THE INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	IADO	OTTONAL NAME(S)/INITIAL(S)	SUFFIX		
institution and distribution and distrib						
1c. MAILING ADDRESS	CITY	STA	TE TPOSTAL CODE	COUNTRY		
IC. MAILING ADDICES	J. T.		TE TOUTHE GODE	Joonna		
2 ADDITIONAL CREAT FOR ITEM 4 (Colleges)						
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		'5				
			Office			
55			CV			
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING ST		[[]			
Name and address of a RECORD OWNER of real estate described in item 16.	COVERS MINDER 10 DE		collateral X is filed as a fix	ture filing		
5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	10. Description of real estat	G.				
Owners: Camille M Gehrenbeck , Richard P	THE FOLLOW	ING PROPERTY I	S SITUATED IN CH	IICAGO,		
Gehrenbeck	COUNTY OF	COOK, STATE OF	ILLINOIS TO WIT:	STERMS		
		LOT 5&3 SEC 07 T40 R14 LAKE VIEW TWP PROPERTY ADDRESS: 4852 N HOYNE AVE, CHICAGO, IL				
		NDDRESS: 4852 N EL ID#:14-07-323-0:		AGO, IL		
	00025 PARCE	EL 10#.14-07-323-0	20-0000			
7. MISCELLANEOUS:						