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2019125051

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

EDWARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 07/09/2020 02:41 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) 31224 -

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	74134898
	ILIL FIXTURE

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 AllenBrisco	FIRST PERSONAL NAME Etta	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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1c. MAILING ADDRESS 603 South 14th Avenue	CITY Maywood	STATE IL	POSTAL CODE 60153	COUNTRY USA
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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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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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
Sunnova TE Management LLC

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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3c. MAILING ADDRESS 20 Greenway Plaza, Suite 475	CITY Houston	STATE TX	POSTAL CODE 77046	COUNTRY USA
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4. COLLATERAL: This financing statement covers the following collateral:

All solar panels, inverters, wiring, racking, meters and associated equipment located at Debtor's indicated above and installed pursuant to the Solar Service Agreement, as referenced by the System ID Number indicated below. THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY INTEREST OR LIEN IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN REAL ESTATE RECORDS.

S Y

P 3

S N

M Y

SC Y

E Y

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:
74134898 XI002293277

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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	
	AllenBrisco	
	FIRST PERSONAL NAME	
	Etta	
	ADDITIONAL NAME(S)/INITIAL(S)	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):

16. Description of real estate:

Parcel ID:
15-10-423-047-0000

Owner Name: BRISCO ETTA M Legal Description:
NORTH7 50 FT LOT188 & S7 50 FT LOT1 90 S10
T39N R12E 3P Legal Lot: 188 For Property Located
At: 603 S 14TH AVE, MAYWOOD IL 60153-1419
C051 APN: 15-10-423-047-0000 Map Reference: /
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 74134898-IL-31 31224 - GREATAMERICA/SUNNOVA Sunnova TE Management LLC File with: Cook, IL XI002293277

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Debtor: AllenBrisco, Etta

Exhibit for Real Estate

16. Description of real estate: Continued

39-12-10SE County: COOK Document: 551741 Section,
Township, Range: 10-39-12
County: COOK

Property of Cook County
RECORDER OF DEEDS
COOK COUNTY
RECORDER OF DEEDS
COOK COUNTY
RECORDER OF DEEDS