## NOFFICIAL COPY

U	CC	F	11	V۷	۱Ν	IC	11	٧G	S	T/	۱Τ	EI.	ИΕ	N	T
---	----	---	----	----	----	----	----	----	---	----	----	-----	----	---	---

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  LILI FIXTURE  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only gong Debtor name (1a or 1b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. OSGANIZATION'S NAME  RID. INDIVIDUAL'S SURNAME Allen Brisco  L. MARLING ADDRESS  CITY  STATE POSTAL CODE COUNTR  AND DEBTOR'S NAME: Provide only gong Debtor name (2a or 2b) (use ex.ct., full name; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. OSGANIZATION'S NAME  Allen Brisco  L. MARLING ADDRESS  CITY  STATE POSTAL CODE COUNTR  AND DEBTOR'S NAME: Provide only gong Debtor name (2a or 2b) (use ex.ct., full name; do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  POSTAL CODE COUNTR  ADDITIONAL NAME(SymitiaLis) SUFFIX  STATE POSTAL CODE COUNTR  ADDITIONAL NAME(SymitiaLis) SURFIX	JCC FINANCING STATEMENT		,		*2019125051*	
Name: Wilders Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141  B. E-MAIL CONTACT & FLER (pipinal)  ucdiflingreturn@wollerskluwer.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  J 1224 -  Lien Solutions  TA4134898  FIG. 80x 29071  Glendale. CA 91209-9071  FIXTURE  FIRE With: Cook, IL  FIXTURE  FIRE BOVE SPACE IS FOR FILING OFFICE USE ONLY  THE A	FOLLOW INSTRUCTIONS		ת	oc# 2	019125051 Fee	e \$93.00
EDHARD II. MODIV  COEKCOUNTY ECCORER OF DEEDS  COEKCOUNTY ECCORER OF DEEDS  TA134898  LEA SOLUTIONS  TA134898  TA134		Fax: 818-662-4141	ן מ'	HSD FFF	::\$9.00 RPRF FEE:	\$1.00
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 31224	B. E-MAIL CONTACT AT FILER (optional)	"				
Lier Solutions P.O. Box 29071 Glendale, CA 91209-9071 File with Cook, IL FIXTURE File with Cook, IL THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR ALL BOX THE ABOVE THE			_			DEEDS
Len Solutions P.O. Box 29071 Glendale, CA 91209-9071    Li L	31224 -	— <u> </u>				
Continued on the continued of the continued on the cont		134898	'			
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only get glebter rame (1 or 1b) (use evad, full name; do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the hedvidual Deator information in stem 10 of the Financing Statement Addendum (Form UCC1An)  To ADDAPAZION'S NAME    In Independent Superior of the Debtor's name (2 or 2b) (use evad, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Debtor's name (2 or 2b) (use evad, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1An)  To ADDAPAZION'S NAME: Provide only get Debtor name (2 or 2b) (use evad, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Indefdual Debtor name wat not fill in the 2b, laware all of zero. 2 blanks, check here   and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Pri		_	`			
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only get glebter rame (1 or 1b) (use evad, full name; do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the hedvidual Deator information in stem 10 of the Financing Statement Addendum (Form UCC1An)  To ADDAPAZION'S NAME    In Independent Superior of the Debtor's name (2 or 2b) (use evad, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Debtor's name (2 or 2b) (use evad, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1An)  To ADDAPAZION'S NAME: Provide only get Debtor name (2 or 2b) (use evad, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Indefdual Debtor name wat not fill in the 2b, laware all of zero. 2 blanks, check here   and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Financing Statement Addendum (Form UCC1Ad)  To REMINIATION NAME: Provide only get and proving the Indefdual Debtor information in stem 10 of the Pri	ΓI)	KTURE I				
DEBTOR'S NAME: Provide only good 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad)    1			THE AROVE SPA	CE IS FO	OR FILING OFFICE U	SE ONLY
The ORGANIZATION'S NAME  THIS I PERSONAL NAME  Allen Brisco  Etta  Allen Brisco  Etta  Allen Brisco  Etta  Allen Brisco  Etta  If you start the post of the person of the petitor same (2a or 2b) (use explict hill name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCCTAd)  2a. ORGANIZATION'S NAME  PRIST SERSONAL NAME  PRIST SERSONAL NAME  PRIST SERSONAL NAME  ADDITIONAL NAME(syntital,(8))  SUFFIX  ADDITIONAL NAME(syntital,(8))  SUFFIX  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  SURDINGOLUL'S SURNAME  FRIST PERSONAL NAME  SURNAME  FRIST PERSONAL NAME  ADDITIONAL NAME(SyNITIAL(S))  SUFFIX  FRIST POSTAL CODE  COUNTR  SURNAME  SURNAME  SURNAME  FRIST PERSONAL NAME  FRIST PERSONAL NAME  FRIST PERSONAL NAME  FRIST PERSONAL NAME  ADDITIONAL NAME(SYNITIAL(S))  SUFFIX  FRIST PERSONAL NAME  FRIST PERSONAL NAME  FRIST PERSONAL NAME  ADDITIONAL NAME(SYNITIAL(S))  SURPIX  FRIST PROSTAL CODE  COUNTR		ct, full name; do not omit, m				
The individual's surname Allen Brisco  Malking Address  GITY STATE FOSTAL CODE COUNTR SAME: Provide only one Debtor name (2a or 2b) (use ex. 61, fill name; do not omit, modify, or abbreviate any pan of the Debtor's name); if any part of the Individual Debtor Indiv						
Allen Brisco	1a. ORGANIZATION'S NAME					
AllenBrisco  Etta  OTY  STATE ROSIAL CODE  COUNTR  Allen Brisco  OTH  Maywood  II. Bolt33  CUSA  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex. cit. plit name; do not onnt, modify, or abbreviate any part of the Petror sname); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Tag. ORGANIZATION'S NAME  Tag. Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Tag. ORGANIZATION'S NAME  Tag. Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Tag. ORGANIZATION'S NAME  Tag. Individual Suriname  Tag. Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Tag. ORGANIZATION'S NAME  Tag. Individual Suriname  Tag. Individual Suriname  Tag. Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Secured Party name (3a or 3b)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE	TID. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME/SVINITIAL(S)	SUFFIX
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use excipt. I) ill name; do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Dename wat not fit in line 2b, leave all of item 2 blank, check here and proving the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME    PRIST DEBSONAL NAME   PRIST DEBSONAL NAME   ADDITIONAL NAME(S) WITHAL(S)   SUFFIX		I	7405	1	TAL HAME(O)	00/11/
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex. ct. fill name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Dename with on fit in line 2b, leave all of item 2 blank, check here   and proving the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)    2a. ORGANIZATION'S NAME   Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)    2b. ORGANIZATION'S NAME   Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)    2c. ORGANIZATION'S NAME   Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)    2c. ORGANIZATION'S NAME   Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)    2c. ORGANIZATION'S NAME   Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)    3c. ORGANIZATION'S NAME   Individual Debtor Information in item 10 of the Financing Statement (Symittal)    3c. ORGANIZATION'S NAME   Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)    3c. ORGANIZATION'S NAME   Individual Debtor Information in item 10 of the Financing Statement (Symittal)    3c. ORGANIZATION'S NAME   Individual Debtor Information in item 10 of the Financing Statement (Symittal)    3c. ORGANIZATION'S NAME   Individual Debtor Information in item 10 of the Financing Statement (Symittal)    3c. ORGANIZATION'S NAME   Individual Debtor Information in item 10 of the Financing Information I	. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
The control of the financing Statement Addendum (Form UCC1Ad)    2a ORGANIZATION'S NAME	603 South 14th Avenue	Maywood		IL	60153	USA
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 SURINOVA TE Management LLC  3b. INDIVIDUAL'S SURNAME  IN	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Sunnova TE Management LLC  By INDIVIDUAL'S SURNAME  SUNDIVIDUAL'S SURNAME  SUNDIVIDUAL'S SURNAME  STATE POSTAL CODE  COUNTR  COLLATERAL: This financing statement covers the following collateral:  It solar panels, inverters, wiring, racking, meters and associated equipment located at Debtor's indicated above and installed pursuant to the Solar ervice Agreement, as referenced by the System ID Number indicated below. THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY ITEREST OR LIEN IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN REAL ESTATE RECORDS.  SOLAR  P  Check only if applicable and check only one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)being administered by a Decedent's Personal Representations.	c. MAILING ADDRESS	CITY	Dx.	STATE	POSTAL CODE	COUNTRY
Sunnova TE Management LLC  R 36. INDIVIDUAL'S SURNAME  E. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTR 20 Greenway Plaza, Suite 475  Houston  TX   77046  USA  COLLATERAL: This financing statement covers the following collateral:  II solar panels, inverters, wiring, racking, meters and associated equipment located at Debtor's indicated above and instrined pursuant to the Solar ervice Agreement, as referenced by the System ID Number indicated below. THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY ITEREST OR LIEN IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN REAL ESTATE RECORDS.  S P S 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 Representations   Decedent'	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECURED PARTY): Provide	le or by une Secured Party nam	e (3a or 3	b)	
ADDITIONAL NAME (SYINITIAL(S) SUFFIX  C. MAILING ADDRESS  CITY  CITY  COLLATERAL: This financing statement covers the following collateral:  Il solar panels, inverters, wiring, racking, meters and associated equipment located at Debtor's indicated above and installed pursuant to the Solar ervice Agreement, as referenced by the System ID Number indicated below. THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY ITEREST OR LIEN IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN REAL ESTATE RECORDS.  SOLATERAL SECURITY OF A SECURITY OF A SECURITY AGREEMENT DOES NOT CREATE A SECURITY ITEREST OR LIEN IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN REAL ESTATE RECORDS.  SOLATERAL SECURITY OF A SECURITY O						
COLLATERAL: This financing statement covers the following collateral:  Il solar panels, inverters, wiring, racking, meters and associated equipment located at Debtor's indicated above and in structure of pursuant to the Solar ervice Agreement, as referenced by the System ID Number indicated below. THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY ITEREST OR LIEN IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN REAL ESTATE RECORDS.  S P  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 Representations.	_	FIRST DERSONAL N	IAME	LADDITIO	NAL NAME(CVINITIAL(C)	SHEELY
20 Greenway Plaza, Suite 475  Houston  TX 17046  USA  COLLATERAL: This financing statement covers the following collateral: Il solar panels, inverters, wiring, racking, meters and associated equipment located at Debtor's indicated above and instrined pursuant to the Solar ervice Agreement, as referenced by the System ID Number indicated below. THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY ITEREST OR LIEN IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN REAL ESTATE RECORDS.  S P  S C  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 Representations and the contraction of the	O. II STANDONEO CONTANTE	TIKOT / EKOCKAET		ADDITIO	HAL HAME(SKIII) HAL(S)	GOTTIX
COLLATERAL: This financing statement covers the following collateral:  Il solar panels, inverters, wiring, racking, meters and associated equipment located at Debtor's indicated above and installed pursuant to the Solar panels, inverters, wiring, racking, meters and associated equipment located at Debtor's indicated above and installed pursuant to the Solar panels, inverters, wiring, racking, meters and associated equipment located at Debtor's indicated above and installed pursuant to the Solar price and installed pursuant to the Solar price price and installed pursuant to the Solar price pric	c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
I solar panels, inverters, wiring, racking, meters and associated equipment located at Debtor's indicated above and it strined pursuant to the Solar ervice Agreement, as referenced by the System ID Number indicated below. THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY ITEREST OR LIEN IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN REAL ESTATE RECORDS.  S	20 Greenway Plaza, Suite 475	Houston		TX	77046	USA
	TEREST OR LIEN IN THE DEBTORS REAL PROPERTY I	O RE KECOKDED IN	REAL ESTATE RECOR	OS.		SP SM SC
	Check only if applicable and check only one boy: Collateral is Thous is a	Triet (see NCC1Ad How	17 and Instructions \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	administo	red by a Basedent's Dam	E
		i must (see UCC1Ad, item	, ,	_		
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing		ion A Debtor is a 1	_ ا	_ —		

XI002293277

8. OPTIONAL FILER REFERENCE DATA:

74134898

## **UNOFFICIAL COPY**

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS				
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State	ment; if line 1b was left blank			
because Individual Debtor name did not fit, check here   9a. ORGANIZATION'S NAME				
į.				
96. INDIVIDUAL'S SURNAME				
AllenBrisco				
FIRST PERSONAL NAME				
Etta				
AODITIONAL NAME(SVINITIAL(S)	SUFFIX			
			PACE IS FOR FILING OF	
10. DEBTOR'S NAME: Provide (10a o 10b only one additional Debto do not omit, modify, or abbreviate any part o to a Debtor's name) and er		line 1b or 2b of the Financ	cing Statement (Form UCC1) (L	use exact, full name;
10a. ORGANIZATION'S NAME	itel the maining aboress in line roc			
OR 10b. INDIVIDUAL'S SURNAME	<u> </u>			
INDIVIDUAL'S FIRST PERSONAL NAME				
	10			
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	0/			SUFFIX
10c. MAILING ADDRESS	CITY	T en	ATE POSTAL CODE	COUNTRY
TO. INNEITO ADDITED		51	ATE TOOTAL CODE	Cooking
11. ADDITIONAL SECURED PARTY'S NAME OF A	ASSIGNOR SECURED FARTY'S N	IAME: Provide only one	name (11a or 11b)	
11a. ORGANIZATION'S NAME	, COTOTO TO COLOR OF THE COLOR	VAIVIL. 1 TOVIDE ONLY OF	name (Tra of Trb)	
	1//	,		
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AE	DOTTIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	ST	ATE POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		T		
		O	'	
			Office	
			175.	
			10-	
			<u>_</u> 0	
<ol> <li>This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)</li> </ol>	' I <del>-</del> -	_	-	
	covers timber to be	<del> </del>	acted collateral     is filed a	s a fixture filing
15. Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):	n item 16 16. Description of real estate Parcel ID:	∌:		
	15-10-423-047	' ^^^		
	15-10-425-047	-0000		
•	Our er Nem er	DDICOO ETT	'A M I I D	
			A M Legal Desc	
			S7 50 FT LOT1 9	
			88 For Property	
	• • • • • • • • • • • • • • • • • • •	•	VOOD IL 60153-	
			0000 Map Refere	ence: /
	[ See Exhibit for Rea	al Estate ]		
17. MISCELLANEOUS: 74134898-IL-31 31224 - GREATAMERICA/SUNNOVA	Sunnova TE Management LLC	File with: Cook, IL XIO	02293277	

## **UNOFFICIAL COPY**

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

10SE Court, ship, Range: 1. http://doi.org/10.100/1 RECORDER OF DEEDS