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EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 08/03/2020 12:23 PM PG: 1 OF 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)  
CSC 1-800-858-5294

B. E-MAIL CONTACT AT FILER (optional)  
SPRFiling@cscglobal.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

1868 34566  
CSC  
801 Adlai Stevenson Drive  
Springfield, IL 62703

Filed In: Illinois  
(Cook)

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 SHARKEY FIRST PERSONAL NAME CATHERINE ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS 16515 LUELLA AVE CITY SOUTH HOLLAND STATE IL POSTAL CODE 60473-2673 COUNTRY USA

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

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

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 Aqua Finance, Inc.

OR

3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS One Corporate Drive Suite 300 CITY Wausau STATE WI POSTAL CODE 54401 COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
HOME IMPROVEMENT: ROOFING

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: :CXSS002639330

1868 34566

**UNOFFICIAL COPY****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

SHARKEY

FIRST PERSONAL NAME

CATHERINE

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):

CATHERINE SHARKEY

16515 LUELLA AVE,

SOUTH HOLLAND, IL 60473-2673

16. Description of real estate:

16515 LUELLA AVE,

SOUTH HOLLAND, IL 60473-2673

COUNTY:COOK

Parcel Number 29-24-400-095

FULL LEGAL DESCRIPTION IS ATTACHED

17. MISCELLANEOUS:

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PARCEL 1: LOT 14A IN RESUBDIVISION OF LOTS 10, 11 AND 12 TO 18 INCLUSIVE, IN CALUMET SERVICE CORPORATION SUBDIVISION, FIRST ADDITION, BEING A SUBDIVISION OF PART OF THE SOUTHEAST QUARTER OF SECTION 24, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT RECORDED APRIL 8, 1992 AS DOCUMENT NUMBER 92217311 AND RE-RECORDED JULY 31, 1992 AS DOCUMENT NUMBER 92264069, IN COOK COUNTY, ILLINOIS.

PARCEL 2: LOT 14B IN RESUBDIVISION OF LOTS 10, 11 AND 12 TO 18 INCLUSIVE, IN CALUMET SERVICE CORPORATION SUBDIVISION, FIRST ADDITION, BEING A SUBDIVISION OF PART OF THE SOUTHEAST QUARTER OF SECTION 24, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT RECORDED APRIL 8, 1992 AS DOCUMENT NUMBER 92217311 AND RE-RECORDED JULY 31, 1992 AS DOCUMENT NUMBER 92264069, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER(S) 129-24400-004 (AFFECTS PARCEL 1)  
129-24400-003 (AFFECTS PARCEL 2)

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