UNOFFICIAL COPY Doc# 2100810006 Fee ≇93.00 RHSP FEE:59.00 RPRF FEE: 51.00 UCC FINANCING STATEMENT KAREN A. YARBROUGH **FOLLOW INSTRUCTIONS** COOK COUNTY CLERK A, NAME & PHONE OF CONTACT AT FILER (optional) DATE: 01/08/2021 09:32 AM PG: 1 OF 4 CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2037 93402 CSC 801 Adlai Stevenson Drive Springfield, IL 62702 Filed In: Illinois (Cook) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only ne lebtor 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 , blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a, ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MCGEE **BRENDA** 1c. MAILING ADDRESS 4154 W 19TH ST CITY STATE POSTAL CODE COUNTRY **USA** CHICAGO ΙĻ 60623-2710 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 ail of item 2 blank, check here 🔲 and provide ne individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a ORGANIZATION'S NAME OR FIRST PEF SON AL NAME ADDITIONAL NAME(S)/INITIAL(S) 2b. INDIVIDUAL'S SURNAME SUFFIX COUNTRY 2c. MAILING ADDRESS CITY STATE POSTAL CODE 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 Agua Finance, Inc. SUFFIX 3b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME CITY POSTAL CODE COUNTRY 3c. MAILING ADDRESS One Corporate Drive Suite 300 Wausau 54401 USA 4. COLLATERAL: This financing statement covers the following collateral HOME IMPROVEMENT: REMODELING 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 6b. Check only if applicable and check only one box: 6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Selier/Buyer Bailee/Bailor Licensee/Licensor

2037 93402

8. OPTIONAL FILER REFERENCE DATA: : AFIX401812619

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S	Statement; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
OR 96. INDIVIDUAL'S SURNAME MCGEE				
FIRST PERSONAL N/ NE BRENDA				
ADDITIONAL NAME(S)/INIT AL(S)	SUFFIX	HE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 0b, and one additional Debt do not omit, modify, or abbreviate any part of the Dichor's name) and	otor name or Debtor name that did not fit in line 1b denter the mailing address in line 10c	or 2b of the Financing 5	Statement (Form UCC1) (use	exact, full name,
10a. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME)			
INDIVIDUAL'S FIRST PERSONAL NAME	0			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	4		····	SUFFIX
Oc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME of 11a ORGANIZATION'S NAME	ASSIGNOR SECURE) FARTY'S NAM	IE: Provide only one n	ame (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
		. 0	Office	
13. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	rded) in the 14. This FINANCING STATEMENT:	covers as-extracted	collateral 🗾 is filed as a	ı fixture filing
15. Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest): BRENDA MCGEE 4154 W 19TH ST CHICAGO, IL 60623-2710	16. Description of real estate: 4154 W 19TH ST CHICAGO, IL 60623-2 County: COOK COUN Parcel Number: 16-22- Abbrev. Description: (LAWNDALE)(REDEV) PTS O F LTS 5-6 IN SI OF LT 3 IN ASSESSO	TY 411-026 ELOPMENT)(C UB BY EXECU		
17. MISCELLANEOUS:				

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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	f line 1b was left blank				
because Individual Debtor name did not fit, check here					
9a. ORGANIZATION'S NAME					
	<u>-</u> .				
OR 9b. INDIVIDUAL'S SURNAME					
MCGEE					
FIRST PERSONAL N/ ME					
BRENDA					
ADDITIONAL NAME(S)/INIT'AL(S)	SUFFIX				
		THE ABOVE	SDACE	S FOR FILING OFF	ICE USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) nly one additional Debtor name of	r Debtor name that did not fit in			_	
do not omit, modify, or abbreviate any part of the Distor's name) and enter the m	nailing address in line 10c	Time 15 51 25 of the f	manomy c	natement (Commoder)) (200 Oxeot, join rizina
10a. ORGANIZATION'S NAME		_			
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
0,					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7				SUFFIX
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10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURE) PARTY	S NAME: Provide of	nly one na	me (11a or 11b)	
11a. ORGANIZATION'S NAME	7).	7	,		
		7			
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
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11c. MAILING ADDRESS	CITY	10	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
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13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	1 —			□ 20	
	covers timber to be		extracted	collateral is filed	d 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 FULL LEGAL ATT				
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17. MISCELLANEOUS:					

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