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2103429032

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Doc# 2103429032 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/03/2021 01:13 PM PG: 1 OF 3

| | |
|---|------------------------------|
| 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) | |
| 2050 68490 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 PORTEE WHITE | | FIRST PERSONAL NAME ROCHELLE | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 14432 INGLESIDE AVE | | CITY DOLTON | STATE IL | POSTAL CODE 60419-1940 | 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

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/Licensor

8. OPTIONAL FILER REFERENCE DATA: :AFIS002817592

2050 68490

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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 | |
| PORTEE WHITE | |
| FIRST PERSONAL NAME | |
| ROCHELLE | |
| 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):

ROCHELLE PORTEE WHITE
14432 INGLESIDE AVE
DOLTON, IL 60419-1940

16. Description of real estate:

14432 INGLESIDE AVE
DOLTON, IL 60419-1940
County: COOK COUNTY
Parcel Number: 29-02-319-025
Abbrev. Description: (CALUMET)(PARK)(SECOND) ADD PT OF
LOTS 1-3 IN SUB OF PT ALSO BLK 5 IN CALUMET PARK FIRST
ADD SUB OF W 674.13FT OF LOTS 1-3 IN

FULL LEGAL ATTACHED

17. MISCELLANEOUS:

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LOT 19 IN BLOCK 5 IN CALUMET PARK SECOND ADDITION SUBDIVISION OF THE EAST 660 FEET OF THE FOLLOWING: LOTS 1 TO 3 IN THE SUBDIVISION PART OF THE SOUTHWEST 1/4 OF SECTION 2, ALSO PART OF THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, PER DOCUMENT NUMBER 2936139 (EXCEPT PART OF SAID LOT 1) ALSO BLOCK 5 IN CALUMET PARK FIRST ADDITION PER DOCUMENT NUMBER 8987931 IN COOK COUNTY, ILLINOIS.

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