

.



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)	30595 - SUNLIGHT				
Lien Solutions P.O. Box 29071	80854696				
Glendale, CA 91209-9071	ILIL				
	FIXTURE				
File with: Cook, IL					

Doc# 2116829034 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/17/2021 03:11 PM PG: 1 OF 3

AS Ashland Avenue Chicago Heights IL 60411 UDESTOR'S NAME. Provide only one Debtor name (2a or 2b) (use ex. ct. fall name: do not omit, modify, or abbreviate any part of the Debtor's name): if any part of the Individual 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 UCC1Ar) and ORGANIZATIONS NAME 2b. INDIVIDUAL'S SURNAME Simpson-Benton MALING ADDRESS (CITY STATE POSTAL CODE CONTROLL NAME (6) NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Securet Party name (3a or 3e) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Securet Party name (3a or 3e) SECURED PARTY'S NAME (or NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only one Securet Party name (3a or 3e) AMALING ADDRESS Teaneck Teaneck Transcriting statement covers the following collaterat: 9 KW photovollais solar energy system, consisting of: Silfab modules, Generac inverter AND ALL OTHER PRODUCTS, PROCEEDS, AND TACHMENTS. Secured and the security of applicable and check only one box. Check only if applicable and check only one box. Apricultural Lien Non-UCC Faing on the propriet of the province	File with: Cook, IL	THE.	ABOVE SPACE IS F	OR FILING OFFICE	USE ONLY
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85 Teaneck Road Teaneck NJ 0 666 SOLIATERAL: This financing statement covers the following collateral: 19 kW photovoltaic solar energy system, consisting of: Silfab modules, Generac inverter AND ALL OTHER PRODUCTS, PROCEEDS, AND TACHMENTS. SCIENT ACHMENTS. 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 Region of the control of the con			111		
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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 ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licen	TACHMENTS.			· C.	S / X SC X E X
OPTIONAL FILER REFERENCE DATA:	Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home	Transaction A Debtor is a Transmitting Uti	6b. Check <u>only</u>	if applicable and check	only one box:
854696 87Z-813UZUU-UUU 0064M00000Z4huqQAB	OPTIONAL FILER REFERENCE DATA:				
	354696 872-8130200-000		- 00	io4MUUUUUZ4huqQ/	4R

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					ı
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin because Individual Debtor name did not fit, check here	e 15 was left blank				
9a. ORGANIZATION'S NAME		•			
OR 9b. INDIVIDUAL'S SURNAME					
Robinson					
FIRST PERSONAL NAME Barbara	·				
ADDITIONAL NAME(SYINITIALITY)	SUFFIX				
* O _A		THE ABOVE	SPACE	IS FOR FILING OFFI	CE USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b)		e 1b or 2b of the Fi	inancing S	tatement (Form UCC1) (use	exact, full name;
do not omit, modify, or abbreviate any part of the Differ's name) and enter the ma	illing address in line 10c				
9					
OR 10b. INDIVIDUAL'S SURNAME	1				
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)					SUFFIX
	T				
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
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11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOTING ORGANIZATION'S NAME	OR SECURED PARTY'S NA	ME: Provide only	one nam	e (11a or 11b)	
20					
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	\bigcirc	ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
		C/A			
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		7	6		•
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			(
•				.0	
				C	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14, This FINANCING STATEM	MENT:			
REAL ESTATE RECORDS (if applicable)	covers timber to be cu	it covers as-	extracted	collateral X is filed as a	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):	· · · · · · · · · · · · · · · · · · ·				
(iii Bostol Boso ilet liaro di rocci o linaroci).	Parcel ID: 32-18-213-046-	0000			
	32-10-213 - 040-	0000			
	A PARCEL OF	LANDLO	CATE	D IN THE STA	TE OF
	A PARCEL OF LAND LOCATED IN THE STATE OF IL, COUNTY OF COOK, WITH A SITUS ADDRESS OF 348 ASHLAND AVE, CHICAGO HEIGHTS IL 60411-1633 C037 CURRENTLY OWNED BY				
	ROBINSON BA			=	
	[See Exhibit for Real	Estate]			
17. MISCELLANEOUS: 80854696-IL-31 30595 - SUNLIGHT FINANCIAL Cross	River Bank F	ile with: Cook, IL	872-81302	200-000 0064M00000Z4huqC	AB

2116829034 Page: 3 of 3

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Debtor: Robinson, Barbara

Exhibit for Real Estate

16. Description of real estate:

Continued

NUMBER OF 32-18-213-046-0000 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS (BRADLEY) TERRACE SUB OF N 3ACS OF S 4ACS OF NW OF NE EX W 1160.32FT & PT OF NE OF NE NH SEC 18-35-14 AND DESCRIBED IN DOCUMENT NUMBER 21016018 DATED 6/26/2014 AND RECORDED 1/29/2014.