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2116829034

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS

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

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 Glendale, CA 91209-9071	80854696 ILIL FIXTURE
File with: Cook, IL	

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 Robinson	FIRST PERSONAL NAME Barbara	ADDITIONAL NAME(S)/INITIAL(S)
1c. MAILING ADDRESS 348 Ashland Avenue		CITY Chicago Heights	STATE POSTAL CODE COUNTRY IL 60411 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 Simpson-Benton	FIRST PERSONAL NAME Charmain	ADDITIONAL NAME(S)/INITIAL(S)
2c. MAILING ADDRESS 348 Ashland Avenue		CITY Chicago Heights	STATE POSTAL CODE COUNTRY IL 60411 USA

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 Cross River Bank			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
3c. MAILING ADDRESS 885 Teaneck Road		CITY Teaneck	STATE POSTAL CODE COUNTRY NJ 07666 USA

4. COLLATERAL: This financing statement covers the following collateral:

4.29 kW photovoltaic solar energy system, consisting of: Silfab modules, Generac inverter AND ALL OTHER PRODUCTS, PROCEEDS, AND ATTACHMENTS.

S Y
P 3
S 1
M Y
SC Y
E Y
INT me

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 Agricultural Lien Non-UCC Filing

6b. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

80854696

872-8130200-000

0064M00000Z4huqQAB

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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

Robinson

FIRST PERSONAL NAME

Barbara

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):

16. Description of real estate:

Parcel ID:
32-18-213-046-0000

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 BARBARA HAVING A TAX ASSESSOR [See Exhibit for Real Estate]

17. MISCELLANEOUS: 80854696-IL-31 30595 - SUNLIGHT FINANCIAL

Cross River Bank

File with: Cook, IL

872-8130200-000 0064M0000024huqQAB

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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 7/29/2014.

PROPRIETARY
Cook County Clerk's Office