## **UNOFFICIAL COPY**

JCC FINANCING STATEMENT			*211	8757050×	_
FOLLOWINSTRUCTIONS		ეიც# 21	18757	050 Fee \$93.00	3
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294				PRF FEE: \$1.00	
B. E-MAIL CONTACT AT FILER (optional)		AREN A.			
SPRFiling@cscglobal.com		OOK COU			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				 L 03:32 PM PG: 1	0F 3
2130 41037 CSC		IATE: 07	/86/202	00132	,
801 Adlai Stevenson Drive		- <u>-</u>			
Springfield, IL 62703	iled In: Illinois				
	(Cook)				
				R FILING OFFICE USE	•
DEBTOR'S NAME: Provide only <u>ne</u> Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of non viant, check here and prov		modify, or abbreviate any part o or information in item 10 of the F			
1a. ORGANIZATION'S NAME					
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
THOMPSON	PATRICIA		<u> </u>		
c. MAILING ADDRESS 18135 DONATUS DR	LANSING		STATE	POSTAL CODE 60438-2276	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use e. act.     name will not fit in line 2b, leave all of item 2 blank, check here and pro      2a. ORGANIZATION'S NAME		modify, or abbreviate any part of the formation in item 10 of the f			
DR 2b. INDIVIDUAL'S SURNAME	FIRST FERGUNA	FIRST FERGO, IAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
CC. MAILING ADDRESS	CITY	Dx.	STATE	POSTAL CODE	COUNTRY
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	COURED BARTYL FIN	wide of the Segueral Party of	mo /30 or 3	1	
3a. ORGANIZATION'S NAME Aqua Finance, Inc.	ECURED PARTT). PIO	vide oray <u>gate</u> Section 1. Party file	itie (sa oi si	<u> </u>	-
DR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
sc. MAILING ADDRESS One Corporate Drive Suite 300	CITY Wausau		ST. (1) ?	POSTAL CODE 54401	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: HOME IMPROVEMENT: WINDOWS				Offico	

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 <u>only</u> if applicable and check <u>only</u> one box:	6b. 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 Seller/	/Buyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :CXSS002358420	2130 41037

2118757050 Page: 2 of 3

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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 9b. INDIVIDUAL'S SURNAME THOMPSON FIRST PERSONAL NAME **PATRICIA** ADDITIONAL NAME(S)/.viT':\c(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or (3) 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 ornit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME 10b, INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS STATE POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a, ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 11c. MAILING ADDRESS POSTAL CODE COUNTRY S Office 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 16. Description of real estate: (if Debtor does not have a record interest): PATRICIA THOMPSON 18135 DONATUS DR LANSING, IL 60438-2276 18135 DONATUS DR County: COOK COUNTY LANSING, IL 60438-2276 Parcel Number: 29-35-206-055 FULL LEGAL ATTACHED 17. MISCELLANEOUS:

Clort's Office

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LOT 25, IN STORY HIDGE SUBDIVISION, BEING A RESUBDIVISION OF ALLES SOUTH CHICAGO ADDITION, BEING A SUBDIVISION OF THE EAST 1/2 OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 35, TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

COOK COUNTY CLERK OFFICE RECORDING DIVISION 118 N. CLARK ST. ROOM 120 CHICAGO, IL 60602-1387

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