

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) 21670 - TIME

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	83551063 ILIL FIXTURE
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File with: Cook, IL

Doc# 2132816001 Fee \$93.00

RHSP FEE: \$9.00 APRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/24/2021 09:26 AM PG: 1 OF 3

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 Roszkowski	FIRST PERSONAL NAME Paul	ADDITIONAL NAME(S)/INITIAL(S) J	SUFFIX
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1c. MAILING ADDRESS

5700 W Patterson Ave	CITY Chicago	STATE IL	POSTAL CODE 60634	COUNTRY USA
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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 Roszkowski	FIRST PERSONAL NAME Judith	ADDITIONAL NAME(S)/INITIAL(S) L	SUFFIX
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2c. MAILING ADDRESS

5700 W Patterson Ave	CITY Chicago	STATE IL	POSTAL CODE 60634	COUNTRY USA
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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
Time Investment Company Inc

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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3c. MAILING ADDRESS

100 N 6th Ave	CITY West Bend	STATE WI	POSTAL CODE 53095	COUNTRY USA
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4. COLLATERAL: This financing statement covers the following collateral:

All interest of the Debtor in the installed home improvement system (Erie Construction Mid-West Inc.) now or hereafter acquired, and all spare and repair parts, special tools, equipment, and replacements for, software used in, and supporting products of the foregoing, wherever located.

S
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Y
E
Y

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:

83551063 01-00596645

UNOFFICIAL COPY

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

Roszkowski

FIRST PERSONAL NAME

Paul

ADDITIONAL NAME(S/INITIAL(S))

J

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:
13-20-226-037-0000

All interest in the following described real estate situated in Cook County in the State of Illinois:
Lot 1 in Herman L Magnuson's Resubdivision of Lot 127 in Koester and Zander's Addition to West Irving Park, a Subdivision of the South 1/2 of the Northeast
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 83551063-IL-31 21670 - TIME INVESTMENT COMP

Time Investment Company Inc

File with: Cook, IL

01-00596645

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Debtor: Roszkowski, Paul, J

Exhibit for Real Estate

16. Description of real estate: Continued

1/4 of Section 20, Township 40 North, Range 13 East of
the Third Principal Meridian, in Cook County, Illinois.

Property Address: 5700 West Patterson Avenue,
Chicago, Illinois 60634

APN: 13-26-226-037-0000

Property of Cook County Clerk's Office