UNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	54926 - HomeOpco Sub A
Lien Solutions P.O. Box 29071	85267328
Glendale, CA 91209-9071	ILIL
	FIXTURE
File with: Cook, IL	
1. DEBTOR'S NAME: Provide only on Pebtor name (1a or 18	o) (use exact, full name; do not omit, r



Doc# 2207408023 Fee \$93.00

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

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 03/15/2022 10:41 AM PG: 1 OF 3

FIXTU	JRE I				
File with: Cook, IL	.	THE ABOVE SPA	CE IS F	OR FILING OF	FICE USE ONLY
1. DEBTOR'S NAME: Provide only on Pebtor name (1a or 1b) (use exact, full					
name will not fit in line 1b, leave all of itr. 11t lank, check here and provide	the Individual Debtor information				
1a. ORGANIZATION'S NAME		·		"	
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	AL(S) SUFFIX	
VEPE	KENNETH				
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2842 WEST 102ND ST	EVERGREEN PARK		1L	60805	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex. ct, f./ll					
	thy In Jividual Debtor information	n in item 10 of the Fina	ancing Sta	atement Addendur	n (Form UCC1Ad)
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PLASON L NAME	·	ADDITIO	NAL NAME(S)/INITIA	L(S) SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	IRED PARTY): Provide only one	e Serured Party name	e (3a or 3l	b)	
3a. ORGANIZATION'S NAME Homeopco Sub A Trust					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	74	ADDITIO	NAL NAME(S)/INITIA	AL(S) SUFFIX
3c. MAILING ADDRESS	CITY	_	SINE	POSTAL CODE	COUNTRY
345 Park Ave, 31st Floor	NEW YORK		NY	10 154	USA
4. COLLATERAL: This financing statement covers the following collateral: ROOFING					SPSC SC SC
5. Check only if applicable and check only one box: Collateral is held in a Trust	(see UCC1Ad, item 17 and In:	structions) Deing a	ndminister	red by a Deceden	t's Personal Representative
6a. Check only if applicable and check only one box:	in the state of th	/ <u></u>			check only one box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmittir		. —		Non-UCC Filling
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Selfer/Buyer		ee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 85267328 2898311					

2207408023 Page: 2 of 3

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UCC FINANCING STATEMENT ADDENDUM

VEPE FIRST PERSONAL NAME Frovide (10a or 10x) conty 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 INDIVIDUAL'S FIRST PERSONAL NAME	FOL	LOW INSTRUCTIONS					
B. ORGANIZATIONS DAME Sec. ROCAPELAL'S SUPRIMANE			ne 1b was left blank				
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Inc. MAILING ADDRESS	OR	10b. INDIVIDUAL'S SURNAME					
Inc. MAILING ADDRESS							
10. MAILING ADDRESS	ľ	INDIVIDUAL'S FIRST PERSONAL NAME	· , <u>-</u>				
10. MAILING ADDRESS	L						
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7. MISCELLANEOUS: 85267328-IL-31 54926 - HomeOpco Sub A Trust Homeopco Sub A Trust File with: Cook, IL 2898311				Estate]			
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2207408023 Page: 3 of 3

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Debtor: VEPE, KENNETH

Exhibit for Real Estate

16. Description of real estate:

Continued

DESCRIPTION: LOT 502 Frank

(Delugach)(Beverly)(Hillcrest) Sub In Eh Sw Sec

12-37-13 Munic / Twnshp:Worth

COOK COUNTY CLERK OFFICE
RECORDING DIVISION
118 N. CLARK ST. ROOM 120
6 MR 190. RL 90602-1387

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