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Doc# 2214008028 Fee \$93.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/20/2022 10:23 AM 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) 52892 - Dividend Solar -
 Lien Solutions 86571972
 P.O. Box 29071
 Glendale, CA 91209-9071
 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
 Latson Sheila

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 4035 Richmond Court Matteson IL 60443 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

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
Dividend Solar Finance LLC

OR

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

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 3661 Buchanan Street San Francisco CA 94 23 USA

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

ALL OF THE DEBTORS RIGHT TITLE AND INTEREST IN HOME IMPROVEMENT PRODUCTS EQUIPMENT AND FIXTURES (CONSUMER GOODS) LOCATED AT OR INSTALLED ON 4035 Richmond Court Matteson IL 60443 FINANCED BY AND SUBJECT TO DIVIDEND SOLAR FINANCE LLCs PURCHASE MONEY SECURITY INTEREST. IN ADDITION THE SECURITY INTEREST INCLUDES ALL WARRANTIES AND INSURANCE PROCEEDS ISSUED WITH RESPECT TO THE REFERENCED COLLATERAL AND ANY OTHER ECONOMIC BENEFITS RELATED TO THE COLLATERAL THAT DEBTOR MAY RECEIVE OR BE ENTITLED TO AS A RESULT OF THE CONSUMER GOODS.

SPS SC INT JP

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

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

8. OPTIONAL FILER REFERENCE DATA:
86571972 L22-IL-0214380

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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

Latson

FIRST PERSONAL NAME

Sheila

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):

Samuel L. Latson, Jr. And Sheila C. Latson
4035 RICHMOND CT
MATTESON, IL 60443

16. Description of real estate:

Parcel ID:
31-27-205-014-0000

LOT 111 IN LINCOLN TERRACE SUBDIVISION
PHASE I BEING A SUBDIVISION OF PART OF THE
NORTHEAST QUARTER OF SECTION 27,
TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 86571972-IL-31 52892 - Dividend Solar - Pro

Dividend Solar Finance LLC

File with: Cook, IL

L22-IL-0214380

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Debtor: Latson, Sheila

Exhibit for Real Estate

16. Description of real estate: Continued

ILLINOIS,.

Property Address: 4035 RICHMOND CT MATTESON IL

60413 Cook

Parcel ID: 31-27-205-014-0000

Property of Cook County Clerk's Office