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Doc#. 2214506087 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 05/25/2022 10:21 AM Pg: 1 of 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Hannah Flynn 607-337-6082	<u> </u>			
B. E-MAIL CONTACT AT FILER (optional) SungageUCC@nbtbank.com	i			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
NBT Bank, NA IL 52 South Broad St.	FIXTURE			
Norwich, NY 13815 File with: COOK (County, IL			
	THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide on vine Pebtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of it in 1 Jank, check here and provide	name; do not omit, modify, or abbreviate any p the Individual Debtor information in item 10 of th			
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Bassett-Dilley	Tom		_	
10. MAILING ADDRESS 1042 Highland	Oak Park	STATE	POSTAL CODE 60304	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex tct, /ull,				
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			
2a. ORGANIZATION'S NAME	TO			
OR 2b. INDIVIDUAL'S SURNAME	FIRST FERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only one Secure 2 Party na	ime (3a or 3b)	•	<u>'</u>
3a. ORGANIZATION'S NAME NBT Bank, NA	C/			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 52 South Broad St	OITY Norwich	STATE INY	POSTAL CODE	COUNTRY
COLLATERAL: This financing statement covers the following collateral:		1 - 1 - 1		
All Solar Equipment; all attachments, accessories, tools, any portion of the Solar Equipment; all claims of any typ Equipment or the Installation Agreement; all rebates and Equipment except for such rebates and incentives which and remedies under all agreements, books, records, stater the Collateral (including, without limitation, the Installme collection, sale or other disposition of any property that c insurer arising from any loss, damage or destruction of any possessing all or any portion of the Collateral all support to, substitutions and replacements for and rents, profits an insurance, indemnity, warranty or guaranty payable to you	e or nature, including warranty concentives that are payable as a relative been assigned to your Instalments and documentation and othern Agreement), all consideration onstitutes Collateral, including any Collateral and any other payming obligations; and all products and products of, each of the forego	laims relate esult of ins ller; all you er general a received f my paymen ent receive and procee ping and pr	ed to the Sciar talling the Solar or rights, title, interesting interesting from the operation, treceived from any das a result of ds of and all accessioneeds of any	sts, to

held in a Trust (see UCC1Ad, item 17 and Instructions)

Consignee/Consignor

A Debtor is a Transmitting Utility

Seller/Buyer

962

being administered by a Decedent's Personal Representative

Non-UCC Filing

Licensee/Licensor

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

Agricultural Lien

Bailee/Bailor

Manufactured-Home Transaction

Lessee/Lessor

269 Specialty Lending

5. Check \underline{only} if applicable and check \underline{only} one box: Collateral is

6a. Check only if applicable and check only one box

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

2214506087 Page: 2 of 2

UCC FINANCING STATE	ENT ADDE	IAL	CO	PΥ
FOLLOW INSTRUCTIONS				

 NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line because Individual Debtor name did not fit, check here 	e 1b was left blank					
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME Bassett-Dilley						
FIRST PERSONAL NAME Tom						
ADDITIONAL NAME(S)/INITIAL(S)	SUFF	TIX	THE ABOVE	- CDACE I	S FOR FILING OFFICE U	ICE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name of do not omit, modify, or abbre hate any part of the Debtor's name) and enter the man						
10a. ORGANIZATION'S NAME	aming address in line i					
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
Oc. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	CR SECURED F	PARTY'S	NAME: Provide o	nly <u>one</u> nam	I ie (11a or 11b)	
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA			NAL NAME(S)/INITIAL(S)	SUFFIX	
I c. MAILING ADDRESS	CITY	Dx.		STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		J	Clan	* 5	O _x	
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCIN	G STATEM berto be ci		s-extracted (collateral X is filed as a	fixture filing
Name and address of a RECORD OWNER of real estate described in item 18 (if Debtor does not have a record interest):	16. Description of r Address: 10 Property D AC SEC17 Lot: 23 B Municipali Subdivision	cal estate: 042 Hig escript lock; 2 ty: OAl 1: KEN ; 16-17-	ghland Ave O ion: BLOCK Section: 17 K PARK TS -310-018-000	ak Park S2&3 G	0	
17. MISCELLANEOUS: NBT Bank, NA (Fixtures) File with: Oak Park, COOK Co	ounty, IL 269 S	pecialty	V Lending 96	2		