

# UNOFFICIAL COPY



Doc# 2216745004 Fee \$93.00

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
2340 12719 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Illinois (Cook)

RHSP FEE:\$9.00 RPRF FEE: \$1.00  
 KAREN A. YARBROUGH  
 COOK COUNTY CLERK  
 DATE: 06/16/2022 01:33 PM 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 SANCHEZ	FIRST PERSONAL NAME JOSE	ADDITIONAL NAME(S)/INITIAL(S) C	SUFFIX	
1c. MAILING ADDRESS 4636 W 99TH PL	CITY OAK LAWN	STATE IL	POSTAL CODE 60453-4006	COUNTRY 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 Aqua Finance, Inc.				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS One Corporate Drive Suite 300	CITY Wausau	STATE W	POSTAL CODE 54401	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
 WATER TREATMENT SYSTEM

S Y  
 P 3  
 S V-I  
 SC Y  
 INTEK

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: :AFIX405595453

2340 12719

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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

SANCHEZ

FIRST PERSONAL NAME

JOSE

ADDITIONAL NAME(S)/INITIAL(S)

C

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):

JOSE C SANCHEZ  
4636 W 99TH PL  
OAK LAWN, IL 60453-4006

16. Description of real estate:

JOSE C SANCHEZ  
4636 W 99TH PL  
OAK LAWN, IL 60453-4006  
County COOK COUNTY  
Parcel Number 24-10-302-017  
ATTACHED FULL LEGAL:

17. MISCELLANEOUS:

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LOT TWENTY ONE (21) IN C.A. PERSON'S RIDGE GARDENS, A SUBDIVISION OF PART OF LOTS ONE (1) AND TWO (2) IN THE SUBDIVISION OF THE WEST HALF (1/2) OF THE SOUTHWEST QUARTER (1/4) AND THE WEST HALF (1/2) OF THE EAST HALF (1/2) OF THE SOUTHWEST QUARTER (1/4) OF SECTION 10, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT OF SAID C.A. PERSON'S RIDGE GARDENS REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON JULY 29, 1960, AS DOCUMENT NUMBER 1934359.

Property of Cook County Clerk's Office

COOK COUNTY CLERK OFFICE  
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118 N. CLARK ST. ROOM 120  
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