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Karen A. Yarbrough Cook County Clerk

Date: 10/27/2022 12:56 PM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW/INSTRUCTIONS

POLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (option	nal)	~ }			
ONLINE DEPT 888-507-4593		1			
B. E-MAIL CONTACT AT FILER (optional)		Ī			
C. SEND ACKNOWLEDGMENT TO: (Name and Ad	ddress)	1			
FIRST CORPORATE SOLUTION	ONS INC				
914 S STREET	ino inc.				
SACRAMENTO CA 95811					
UCC1-1068476	COOK COUNTY, IL				
<u>6</u> 661 1000+70	- COOK COOM 1 . II	THE ABOVE SPACE	IS FO	R FILING OFFICE USE (ONLY
1. DEBTOR'S NAME: Provide only ஹா ு btor name (1	a or 1b) (use exact, full name; do not omit	t, modify, or abbreviate any part of the	Dobtor	's name); if any part of the In	dividual Debtor's
name will not fit in line 1b, leave all of ແຍກ 1 blank, check	here and provide the Individual Deb	otor information in item 10 of the Finan	icing Sta	atement Addendum (Form UC	CC1Ad)
1a. ORGANIZATION'S NAME					
OR					
1b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME AI	DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
WAGHRAY	SUSHEE	.L			
1c. MAILING ADDRESS	CITY	2.	TATE	POSTAL CODE	COUNTRY
41 OLYMPIC DRIVE	SOUTH	BARRINGTON II	<u>L </u>	60010	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2	ta or 2b) (use exact ,o" hame; do not omit	t, modify, or abbreviate any part of the	Debtor	's name); if any part of the In-	dividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check	there and provide the Individual Deb	otor information in item 10 of the Finan	icing Sta	atement Addendum (Form UC	CC1Ad)
2a. ORGANIZATION'S NAME	10				
OR					
2b. INDIVIDUAL'S SURNAME	FIRST PEP JON	AL NAME A	DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		(),			
2c. MAILING ADDRESS	CITY	2.	TATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGN	EE of ASSIGNOR SECURED PARTY): Pr	rovide only <u>one</u> Se Jureo Party name (C	3a or 3b))	
3a. ORGANIZATION'S NAME		<u></u>			
SPECTRUM CREDIT UNION		10.			
3b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			<u> </u>		
3c. MAILING ADDRESS	CITY	8	T, TE	POSTAL CODE	COUNTRY
PO BOX 2069	OAKLAN	ND C	lA (194504	USA
4. COLLATERAL: This financing statement covers the fol	owing collateral:			Vic.	
SOLAR EQUIPMENT					
				1/0	
•				C	

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 <u>only</u> if applicable and check <u>only</u> one box:	6b. 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/Buy	ver Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
[UCC1-1068476] 0000299996 - 7500	

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS							
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemer because Individual Debtor name did not fit, check here	nt; if line 1b was left blank						
9a. ORGANIZATION'S NAME							
OR 9b. INDIVIDUAL'S SURNAME							
WAGHRAY							
FIRST PERSONAL NAME							
SUSHEEL ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX						
96			SPACE IS FOR FILING OFFIC				
 DEBTOR'S NAME: Provide (10a or 10°), o ly one additional Debtor named on not omit, modify, or abbreviate any part of the "sobtor's name) and enter the 	ne or Debtor name that did not fit in he mailing address in line 10c	line 1b or 2b of the F	Financing Statement (Form UCC1) (u	se exact, full name;			
10a. ORGANIZATION'S NAME							
OR							
10b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX			
INDIVIDUAL S ADDITIONAL NAME(S)/INTIAL(S)	4			BUFFIX			
10c. MAILING ADDRESS	СІТУ		STATE POSTAL CODE	COUNTRY			
11. ADDITIONAL SECURED PARTY'S NAME or ASSIG	GNOR SECURE) FARTY	C NAME: Describe					
11a. ORGANIZATION'S NAME	SHOR SESSIVE STATE	O MAIVIE. TIOVIGE	only <u>one</u> hanc (11a of 11b)				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		<u>C'</u>					
11c. MAILING ADDRESS	CITY	0	STATE POSTAL CODE	COUNTRY			
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):							
			9,				
			Office				
			C				
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	the 14. This FINANCING STATE	MENT:					
15. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be o		extracted collateral X is filed as	a fixture filing			
(if Debtor does not have a record interest):	· ·	COMMONLY KNOWN AS 41 OLYMPIC DRIVE, SOUTH					
SUSHEEL WAGHRAY	BARRINGTON,		+1 OBTWILL DRIV	L, 500 111			
	,	APN: 01-28-208-028-0000					
	FOR TITLE REFERENCE DEED RECORDED 12/02/2019						
		WITH THE COOK COUNTY RECORDER OF DEEDS,					
		INSTRUMENT NO. 1933655153.					
	LEGAL DESCR						
	ELOID DESCR	11O11. UL	1/21111/11 / 1.				
17. MISCELLANEOUS:							

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EXHIBIT A

The following described real estate situated in the County of Cook, in the State of Illinois, to wit:

Lot 283 in Wood of South Barrington Phase 1, being a Subdivision in the East Half of Section 28 and the Northeast Quarter of Section 33, Township 42 North, Range 9 East of the Third Principal Meridian, according to the Plat thereof recorded March 28, 2007 as document number 0708715094, in Cook County, Illinois.

