

Doc#. 2309629053 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 04/06/2023 10:24 AM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 8	318-662-4141				
B. E-MAIL CONTACT AT FILER (optional)			İ			
uccfilingreturn@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
Lien Solutions	00000					
P.O. Box 29071	92230296					
Glendale, CA 91209-9071	ILIL					
	FIXTURE 1					
	TIXTUIL					
Filc with Cook, IL			THE ABOVE SPA	CE IS F	OR FILING OFFICE US	E ONLY
1. DEBTOR'S NAME: Provide onlyee tor name (1a or 1						
name will not fit in line 1b, leave all of iten. 1 of check here	and provide th	ne Individual Debtor	information in item 10 of the Fin	ancing Sta	atement Addendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME			FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
BELL	$)_{x}$	JANICE			, , , , , ,	
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
9128 S URBAN AVE	C	CHICAGO		IL	60619-6621	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2	اله) (use exact إلما):	ame; do not omit, n	nodify, or abbreviate any part of	the Debto	r's name); if any part of the I	ndividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the	ر اr dividual Debtor	information in item 10 of the Fin	ancing Sta	atement Addendum (Form U	ICC1Ad)
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME		FIRST PERS JNA .	NAME ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
2c. MAILING ADDRESS		CITY	7×,	STATE	POSTAL CODE	COUNTRY
A CECURED BARTING MAKE (S-NAME STACOIGNES SA	A COLONIOD OF OUR	DED DADTW. D	da al la constant			
 SECURED PARTY'S NAME (or NAME of ASSIGNEE of Isa. ORGANIZATION'S NAME 	ASSIGNOR SECUI	RED PARTY): Provi	de only <u>one</u> Ser ared Party harr	ie (3a or 3	D)	
RegenerateOpco Trust						
OR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	4	31. TE	POSTAL CODE	COUNTRY
345 Park Avenue, 31st Floor		New York		NY	10 154	USA
4. COLLATERAL: This financing statement ∞vers the following HVAC EQUIPMENT	collateral:				Trico	

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 of	only one box:			6b. Check only if applicable	e and check <u>only</u> one box:					
Public-Finance Transaction	Manufactured-Home Transaction	on 🔲 A Debtor is a Transm	ritting Utility	Agricultural Lien	Non-UCC Filing					
7. ALTERNATIVE DESIGNATION (if ap	olicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	г 🔲 Bailee/Bailor	Licensee/Licensor					
8. OPTIONAL FILER REFERENCE DAT	A:									
92230296	3776020									

UNOFFICIAL COPY

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 OF 9b. INDIVIDUAL'S SURNAME BELL FIRST PERSONAL NAME **JANICE** ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 100' 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 Patier'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 COUNTRY ASSIGNOR SECURED PATATY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME 11a. ORGANIZATION'S NAME OF 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral) 14. This FINANCING STATEMENT 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 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 16. Description of real estate: (if Debtor does not have a record interest): Parcel ID: 25-03-300-052-0000 PARCEL ID: 25-03-300-052-0000 **BELL**

9128 S URBAN AVE [See Exhibit for Real Estate]

File with: Cook, IL

3776020

RegenerateOpco Trust

17. MISCELLANEOUS: 92230296-IL-31 58882 - RegenerateOpco Trust

2309629053 Page: 3 of 3

UNOFFICIAL COPY

Debtor: BELL, JANICE

Exhibit for Real Estate

16. Description of real estate:

Continued

CHICAGO, IL 60619-6621

LEGAL DESCRIPTION: LOT 14 IN LAN-SHIRE LANDES
RESUPCIVISION OF LOTS 1 TO 48 INCLUSIVE
INCLUDING VACATED ALLEY IN JUDD E. WELL'S
SUBDIVISION OF THE WEST 1/3 OF THE NORTH 1/2
OF THE NORTH WEST 1/4 OF THE SOUTH WEST 1/4
OF SECTION 3, TO WINSHIP 37 NORTH, RANGE 14
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK
COUNTY, ILLINOIS.