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Karen A. Yarbrough Cook County Clerk

Date: 10/10/2023 04:07 PM Pg: 1 of 3

UCC FINANCING STATEMENT

I OLLOW INSTITUTIONS						
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294						
B. E-MAIL CONTACT AT SUBMITTER (optional)						
SPRFiling@cscglobal.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
2665 94610	\neg					
CSC 901 Adlai Stayanaan Delya						
801 Adlai Stevenson Drive Springfield, IL 62703 File	ed In: Illinois					
Springheid, IL 02700	(Cook)					
	· <u> </u>					
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	TION	THE ABOVE SPACE	CE IS FO	R FILING OFFICE USE	ONLY	
1. DEBTOR'S NAME: Provide only not fixed the Individual Debtor's 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, click bere 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	
DUNLAP	CAROLINE					
1c. MAILING ADDRESS 6752 S SAINT LAWRENCE AVE	CITY		STATE	POSTAL CODE	COUNTRY	
	CHICAGO		IL	60637-4013	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full neme; 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 PER JON AL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY	
2C. WAILING ADDRESS	CITY	17/	SIAIE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secure 2 Pacy name (3a or 3b)						
3a. ORGANIZATION'S NAME Aqua Finance, Inc.	LED / Taker / J. T Torrido Or	ij <u>and</u> decempt any rame (co	- G1 007			
OR - CONTROL OF CONTROL	Telegat of occurry his		N DOMES	1144 - 114445 (O) (B) (T) (O)	Loverna	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS One Corporate Drive Suite 300	CITY		STATE	POSTAL CODE	COUNTRY	
Cho Corporato Divid Callo Coo	Wausau		WI	5-1401	USA	
4, COLLATERAL: This financing statement covers the following collateral: HOME IMPROVEMENT				Žic.		
				1/2		
ROOF				(C)		
				-0		
				_		

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:	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/I	Buyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: AAAX406986333	2005 0404

2665 94610

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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 9b. INDIVIDUAL'S SURNAME DUNLAP FIRST PERSONAL NAME CAROLINE ADDITIONAL NAME(S)/INIT/AL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 100 ni one 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 Dritor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME OR 10ь. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): Office 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers as-extracted collateral is filed as a fixture filing covers timber to be cut 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): CAROLINE DUNLAP 6752 S SAINT LAWRENCE AVE CHICAGO, IL 60637-4013 6752 S SAINT LAWRENCE AVE County COOK COUNTY CHICAGO, IL 60637-4013 Parcel Number 20-22-402-040 Brief Description: (JOHNSTON) & (CLEMENTS) SUB WH SE EX RR WH SE SEC 22-38-14 SEE ATTACHED FOR FULL LEGAL 17. MISCELLANEOUS:

2328328227 Page: 3 of 3

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Full Legal Description

LOT 27 (EXCEPT THE SOUTH 15 FEET) AND THE SOUTH 20 FEET OF LOT 28 IN BLOCK 1 IN JOHNSTON AND CLEMENTS SUBDIVISION OF THE WEST ½ OF THE SOUTHEAST ¼ SECTION 22, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT RAILROAD) IN COOK COUNTY, ILLNOIS.

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