

# UNOFFICIAL COPY

Doc#: 2334241131 Fee: \$107.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 12/08/2023 12:16 PM Pg: 1 of 3

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|   |                                 |
|---|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                                 |
| B. E-MAIL CONTACT AT FILER (optional)<br>uccfilingreturn@wolterskluwer.com  |                                 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 31224 -   |                                 |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071   | 96343477<br><br>ILIL<br>FIXTURE |

File with: Cook, IL

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 | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |
|                           | Rosario                  | Francisco           |                               |             |
| 1c. MAILING ADDRESS       |                          | CITY                | STATE                         | POSTAL CODE |
| 2219 North Melvina Avenue |                          | Chicago             | IL                            | 60639       |
|                           |                          |                     |                               | 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      |                          |                     |                               |             |
| Sunnova TE Management LLC    |                          |                     |                               |             |
| OR                           | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |
|                              |                          |                     |                               |             |
| 3c. MAILING ADDRESS          |                          | CITY                | STATE                         | POSTAL CODE |
| 20 Greenway Plaza, Suite 540 |                          | Houston             | TX                            | 77046       |
|                              |                          |                     |                               | COUNTRY     |
|                              |                          |                     |                               | USA         |

4. COLLATERAL: This financing statement covers the following collateral:

All solar panels, inverters, wiring, racking, meters and associated equipment located at Debtor's address indicated above and installed pursuant to the Solar Service Agreement, as referenced by the System ID Number indicated below. THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY INTEREST OR LIEN IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN REAL ESTATE RECORDS.

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

96343477

JV004739234

# 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 |                               |           |  |
|  | OR                      | 9b. INDIVIDUAL'S SURNAME      | Rosario   |  |
|  |                         | FIRST PERSONAL NAME           | Francisco |  |
|  |                         | ADDITIONAL NAME(S)/INITIAL(S) | 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):

16. Description of real estate:

Parcel ID:  
13-32-114-012

Owner Name: MARIA FROSARIO Legal Description:  
LOT:12 BLK:11 DIST:71 CITY:JEFFERSON  
SEC/TWN/RNG/MER:SEC 32 TWN 40N RNG 13E  
(GRAND) AVE ESTATES SUB OF PT OF NW SEC  
32-40-13 Legal Lot: 12 For Property Located At: 2219  
[ See Exhibit for Real Estate ]

17. MISCELLANEOUS: 96343477-IL-31 31224 - GREATAMERICA/SUNNOVA Sunnova TE Management LLC File with: Cook, IL JV004739234

# UNOFFICIAL COPY

**Debtor:** Rosario, Francisco

## Exhibit for Real Estate

**16. Description of real estate:** Continued

N MELVINA AVE, CHICAGO IL 60639 United States  
APN: 13-32-114-012 Map Reference: County: COOK  
Document #: 1431415074 Section, Township, Range:  
32-40N-13E  
County: Cook County

Property of Cook County Clerk's Office

