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KAREN A. YARBROUGH

COOK COUNTY CLERK'S OFFICE

Date 4/1/2024 1:00 PM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 58882 - RegenerateOpco	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	98175666 ILIL 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 BLOCKER	FIRST PERSONAL NAME DIANNE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 1383 IMPERIAL AVE	CITY CALUMET CITY	STATE IL	POSTAL CODE 60409-5919	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 REGENERATEOPCO TRUST				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 345 Park Ave, 31st Floor	CITY New York	STATE NY	POSTAL CODE 10154-0191	COUNTRY USA

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

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:

98175666

3726940

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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	BLOCKER	
		FIRST PERSONAL NAME	DIANNE	
		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):

Dianne I. Blocker, single person
1383 Imperial Avenue
Calumet City, IL 60409

16. Description of real estate:

Parcel ID:
30-19-225-018-0000

THE FOLLOWING DESCRIBED REAL ESTATE
SITUATED IN THE COUNTY OF COOK, IN THE
STATE OF ILLINOIS, TO WIT: LOT 269 IN GOLD
COAST MANOR UNIT NO.3, BEING A SUBDIVISION
OF PART OF THE NORTHEAST FRACTIONAL
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 98175666-IL-31 58882 - RegenerateOpco Trust

REGENERATEOPCO TRUST

File with: Cook, IL

3726940

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Debtor: BLOCKER, DIANNE

Exhibit for Real Estate

16. Description of real estate: Continued

QUARTER OF SECTION 19, TOWNSHIP 36 NORTH,
RANGE 15, EAST OF THE THIRD) PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 1383 Imperial Avenue Calumet City IL
60409

Parcel ID: 30-19-225-018-0000

Property of Cook County Clerk's Office

