## NOFFICIAL COPY

Record at the request of and when recorded return to: GoodLeap, LLC Doc# 2416322044 Fee \$93.00 UCC FINANCING STATEMENT ILRHSP FEE:\$18.00 RPRF FEE:\$1.00 **FOLLOW INSTRUCTIONS** CEDRIC GILES A. NAME & PHONE OF CONTACT AT FILER (optional) COOK COUNTY CLERK'S OFFICE B. E-MAIL CONTACT AT FILER (optional) DATE: 6/11/2024 10:57 AM filings@goodleapsupport.com PAGE: 1 OF 3 C. SEND ACKNOWLEDGMENT TO: (Name and Address) GoodLeap, LLC PO Box # 981440 El Paso, TY 79038- 1440 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY SEE BELOW FOR SECT RED PARTY CONTACT INFORMATION DEBTOR'S NAME: Provide ... y or a 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 it n. 1 stank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a, ORGANIZATION'S NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME 16. INDIVIDUAL'S SURNAME Jacki Hale- warsinske COUNTRY POSTAL CODE STATE CITY 1c. MAILING ADDRESS IL 60439 USA LEMONT 401 Lemont St 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use example of the Operation 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 ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OR 2b. INDIVIDUAL'S SURNAME FIRST FE SCHAL NAME Benjamin Warsinske POSTAL CODE COUNTRY STATE 2c. MAILING ADDRESS USA 60439 IL LEMONT 401 Lemont St 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide colyung Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME GoodLeap, LLC ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 3b. INDIVIDUAL'S SURNAME POSTAL CODE COUNTRY STATE 3c. MAILING ADDRESS USA 95746 Roseville 8781 Sierra College Boulevard 4. COLLATERAL: This financing statement covers the following collateral: All of the Debtor's right, title and interest in and to Goods purchased with the proceeds of the loan by Secured Party to Debtor pursuant to the Home Improvement Agreement described in the Loan Agreement between Secured Party and Debtor(s), including (a) HVAC (b) all accessions, attachments, accessories, tools, parts, supplies, replacements of and additions to such goods; (c) all proceeds from warranty claims related to such goods; (d) such Home Improvement Agreement or any operations and maintenance agreement; (e) all agreements and other documentation relating to such goods, such Home Improvement Agreement or any operations and maintenance agreement; (f) all consideration received from the collection, sale or other disposition of such goods, including any payment received from any insurer arising from any loss, damage or destruction of such goods and any other payment received as a result of possessing any such goods, or any other proceeds of such goods

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
	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	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2415196116	

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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 95. INDIVIDUAL'S SURNAME Hale- warsinske FIRST PERSONAL NAME ADDITIONAL NAME(S)/I (ITIA L(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a (10a) 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COUNTRY STATE 10c. MAILING ADDRESS ASSIGNOR SECUR D PARTY'S NAME: Provide only one name (11a or 11b) 11. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OR 116. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME COUNTRY STATE POSTAL CODE CITY 11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X 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 16. Description of real estate: 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): County of: Cook Jacki Hale- warsinske and Benjamin Warsinske Address: 401 Lemont St, LEMONT, IL, 60439 APN: 2220440001 See Exhibit-A

17. MISCELLANEOUS:

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#### Exhibit A

Legal Description

LAND SITUATED IN THE CITY OF LEMONT, COUNTY OF COOK, STATE OF ILLINOIS, AND DESCRIBED AS **FOLLOWS:** 

### PARCEL 1:

LOT 19 IN BLOOK 16 IN N.J. BROWN'S ADDITION TO LEMONT, BEING A SUBDIVISION IN THE SOUTHEAST QUARTER OF SECTION 26, TOWNSHIP 37 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, AS RECURDED MARCH 23, 1900 IN THE OFFICE OF THE RECORDER OF DEED AS DOCUMENT NO. 2739077.

PARCEL 2:

Cook County Clark's Office THE SOUTHWESTERLY HALF OF THE VACATED ALLEY LYING NORTHEASTERLY AND ADJOINING PARCEL 1.

IL\_Cook\_Hale-warsinske