2014 000486

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141						
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	15715 - Bank Financial -					
CT Lien Solutions	45676545					
P.O. Box 29071 Glendale, CA 91209-9071	ININ					
1	FIXTURE					
File with: Lake, IN						
DEPTOP'S NAME: Provide only one Debter name (1s or 1h) (use exact full name: do not omit						

STATE OF INGLAMA
FILE
2014 NOV 17 AND SOLD
MICHAEL B. BROWN
RECORDER

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

	r iie with Lake, iiv				
. DEBTO	OR'S NAME: Provide only one Debtor name (1a or 1b)) (use exact, full name; do not omit, modify, or abbreviate	e arny part of the Debtor	's name), if any part of the	Individual Debto
name wi	Il 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 Sta	tement Addendum (Form	UCC1Ad)
1a. OF	RGANIZATION'S NAME				
SH.	A PROPERTIES LLC				
R 1b. IN	DIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILIN	GADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
422 BEN DRIVE		SCHERERVILLE	IN	46375	USA
. DEBTO	OR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate	e any part of the Debtor	's name); if any part of the	Individual Debte
	Il not fit in line 2b, leave all of item 2 blank, check here				
2a. OF	RGANIZATION'S NAME				
1					
R 2h IN	DIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	ADDITIONAL NAME(S)/INITIAL(S)	
25	5771557 22 557 44 4172				
	CARRETOR	CITY	STATE	POSTAL CODE	COUNTRY
2c. MAJLIN				ľ	
2c. MAJLIN	3 ADDRESS				
		SSIGNOR SECTIPED PARTY): Provide only one Section	ed Party name (3a or 3	2)	
s. SECU	RED PARTY'S NAME (or NAME of ASSIGNEE OF A	SSIGNOR SECURED PARTY): Provide only one Secure	ed Party name (3a or 3l	p)	
3. SECU	RED PARTY'S NAME (or NAME of ASSIGNEE of AS	SSIGNOR SECURED PARTY): Provide only one Secure	ed Party name (3a or 3l	p)	
3a. O BA	RED PARTY'S NAME (or NAME of ASSIGNEE of AS	SSIGNOR SECURED PARTY): Provide only <u>one</u> Secure		nal name(syinitial(s)	SUFFIX
3a. O	RED PARTY'S NAME (or NAME of ASSIGNEE of AS RGANIZATION'S NAME NKFINANCIAL, F.S.B.				SUFFIX
3a. O BA OR 3b. IN	RED PARTY'S NAME (or NAME of ASSIGNEE of AS RGANIZATION'S NAME NKFINANCIAL, F.S.B.				SUFFIX
3a. 0 BA OR 3b. IN	RED PARTY'S NAME (or NAME of ASSIGNEE of ASRANIZATION'S NAME NKFINANCIAL, F.S.B. DIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)INITIAL(S)	

				CK	# 5735949
5. Check <u>only</u> if applicable and check <u>onl</u>	y one box: Collateral is ☐ held in a Trus	st (see UCC1Ad, item 17 and	Instructions)	being administered t	by a Decedent's Personal Representative
6a. Check only if applicable and check o	nly one box:			6b. Check only if ap	pplicable and check only one box:
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transm	itting Utility	Agricultural	Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if app	olicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bailee/E	Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA 45676545	A: 311/1902069391			646 -	(CS) CHRISTINA

STATE OF POLICE

UCC FINANCING STATEMENT 20 DENDUM 0 4 86

2015 MPW 17 AL CO 10 **FOLLOW INSTRUCTIONS** MICHAEL B. BROWN 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank RECORDER because Individual Debtor name did not fit, check here 9a ORGANIZATION'S NAME SHA PROPERTIES LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S) SUFFIX 10c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME 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 COLINTRY 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 16. Description of real estate:

17. MISCELLANEOUS: 45676545-IN-89 15715 - Bank Financial - Mai

(if Debtor does not have a record interest):

BANKFINANCIAL, F.S.B.

File with: Lake, IN

311/1902069391 646 - (CS) CHRISTINA STAVROPOULOS

LOTS 338 AND 339, IN LAKESIDE 10TH ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 38, PAGE 69, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.