

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

3

2020 NOV 10 PM 12:12

MICHAEL B. BROWN  
RECORDER

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

2020 000553

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) 21670 - TIME

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	77519637
	ININ FIXTURE

File with: Lake, IN

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
	Novaski		Steve	E	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
5023 Olcott Ave		East Chicago	IN	46312	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					
Time Investment Company Inc					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
100 N 6th Ave		West Bend	WI	53095	USA

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

All interest of the Debtor in the installed home improvement system (Energy Comfort Systems) now or hereafter acquired, and all spare and repair parts, special tools, equipment and replacements for, software used in, and supporting products of the foregoing, wherever located.

ck# 9546294

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:  
77519637                      02-00541412

2020 NOV 10 PM 12:12

MICHAEL B. BROWN  
RECORDER

**UCC FINANCING STATEMENT ADDENDUM** 2020 000553

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

Novaski

FIRST PERSONAL NAME

Steve

ADDITIONAL NAME(S)/INITIAL(S)

E

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:

the following described real estate in Lake County, in the State of Indiana:  
The South 20 feet of Lot 12 and the North 15 feet of Lot 13, Block 5, subdivision of the North 1320 feet of the West 1317.5 feet of the Northeast 1/4 of Section 32, Township 37, North Range 9, West of the 2nd Principal Meridian in the City of East Chicago, as [ See Exhibit for Real Estate ]

17. MISCELLANEOUS: 77519637-IN-89 21670 - TIME INVESTMENT COMP Time Investment Company Inc File with: Lake, IN 02-00541412

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2020 000553

2020 NOV 10 PM 12:12

MICHAEL B. BROWN  
RECORDER

**Debtor:** Novaski, Steve, E

Exhibit for Real Estate

**16. Description of real estate:** Continued  
shown in Plat Book 2, Page 11, in Lake County Indiana.

Property Address: 5023 Olcott Avenue, East Chicago,  
Indiana 46312  
APN: 45-03-32-205-008.000-024