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## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)  
**UCC MANAGER (312) 224-0416**

B. E-MAIL CONTACT AT FILER (optional)  
**UCC@CASTLECREDIT.COM**

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**CASTLE CREDIT CO HOLDINGS, LLC  
200 S MICHIGAN AVE SUITE 450  
CHICAGO, IL, 60604**

**GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD**

**2021-046561**

**11:18 AM 2021 Jul 13**

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			
1b. INDIVIDUAL'S SURNAME <b>CURTIN</b>		FIRST PERSONAL NAME <b>JOCELYN</b>	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS <b>6490 W. 129TH AVE</b>		CITY <b>CEDAR LAKE</b>	STATE   POSTAL CODE   COUNTRY <b>IN   46303</b>

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			
2b. INDIVIDUAL'S SURNAME <b>CURTIN</b>		FIRST PERSONAL NAME <b>EVAN</b>	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
2c. MAILING ADDRESS <b>6490 W. 129TH AVE</b>		CITY <b>CEDAR LAKE</b>	STATE   POSTAL CODE   COUNTRY <b>IN   46303</b>

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 <b>CASTLE CREDIT CO HOLDINGS, LLC</b>			
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME <b>CHICAGO</b>	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS <b>200 S MICHIGAN AVE SUITE 450</b>		CITY <b>CHICAGO</b>	STATE   POSTAL CODE   COUNTRY <b>IL   60604</b>

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

**HOME IMPROVEMENT TYPE OF UNIT: HOME IMPROVEMENT**

**INSTALLED AT: 6490 W. 129TH AVE, CEDAR LAKE, IN 46303**

**COUNTY: LAKE**

**THIS IS A FIXTURE FILING**

ck# 001249

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  Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessor/Lessee  Consignee/Consignor  Seller/Buyer  Bailor/Bailee  Licensee/Licenseor

8. OPTIONAL FILER REFERENCE DATA:

**CJ 182594**

\$ 25.00

# NOT AN OFFICIAL DOCUMENT

## 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	
CURTIN	
FIRST PERSONAL NAME	
JOCELYN	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in the 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. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <i>or</i> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> 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  to 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 NUMBER: 45-15-23-426-012.000-043  
LEGAL DESCRIPTION: LOT 12 IN PLAT OF LEMON LAKE  
ESTATES UNIT 2, AS ADDITION TO THE TOWN OF CEDAR  
LAKE RECORDED IN PLAT BOOK 45, PAGE 138, IN THE  
OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

17. MISCELLANEOUS: