

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) 21670 - TIME

GINA PIMENTEL
RECORDER

2022-000569

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

3:41 PM 2022 Jan 7

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

84227404

ININ
FIXTURE

Filed 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

1b. INDIVIDUAL'S SURNAME Davis	FIRST PERSONAL NAME Randy	ADDITIONAL NAME(S)/INITIAL(S) D	SUFFIX
1c. MAILING ADDRESS 24408 Cline St	CITY Lowell	STATE IN	POSTAL CODE 46356
		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

2b. INDIVIDUAL'S SURNAME Davis	FIRST PERSONAL NAME Christine	ADDITIONAL NAME(S)/INITIAL(S) E	SUFFIX
2c. MAILING ADDRESS 24408 Cline St	CITY Lowell	STATE IN	POSTAL CODE 46356
		COUNTRY USA	

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

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 100 N 6th Ave	CITY West Bend	STATE WI	POSTAL CODE 53095
		COUNTRY USA	

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

All interest of the Debtor in the installed home improvement system (Erie Construction Mid-West Inc.) 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.

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:

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/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:
84227404 01-00599343

ck# 10131028

BD5100

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	
Davis	
FIRST PERSONAL NAME:	
Randy	
ADDITIONAL NAME(S)(INITIAL(S))	SUFFIX
D	

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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 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:
Part of the East 1/2 of the Southeast 1/4 of Section 34, Range 9 West of the 2nd P.M., more particularly described as follows: Commencing at the Southeast corner of said Section; thence North a distance of 234.5 feet; thence West 400 feet; thence South 24
[See Exhibit for Real Estate]

NOT AN OFFICIAL DOCUMENT

Debtor: Davis, Randy, D

Exhibit for Real Estate

16. Description of real estate: Continued

feet; thence West 29 feet; thence South to the Kankakee River, (as located by Government Survey of 1836); thence Easterly along the center of said River to its intersection with the South line of said Section 34; thence East on the South line to the Place of Beginning, in Lake County, Indiana
Property Address: 24408 Cline Avenue, Lowell, Indiana 46356
APN: 45-23-34-476-010.000-037

Property of Lake County Recorder