

NOT AN OFFICIAL DOCUMENT

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TOTAL FEES: 25.00
BY: JAS
PG # : 2

STATE OF INDIANA
LAKE COUNTY
FILERS FOR RECORD
GINA PIMENTEL
RECORDER

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) FTL Finance (888)314-4588
B. E-MAIL CONTACT AT FILER (optional) customerservice@ftlfinance.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) FTL Finance 820 South Main Street Suite 300 St. Charles, MO 63301

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 2020000149, Lake, IN	1b. THIS FINANCING STATEMENT AMENDMENT is to be filed (for record) or recorded in the HEAL ESTATE RECORDS: Filer (attach Amendment Addendum (Form UCC340) and provide Debtor's name in item 13				
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.					
3. <input type="checkbox"/> ASSIGNMENT (all or partial): Give name of assignee in item 7a or 7b, and address of Assignee in item 7c, and also give name of Assignor in item 9 For partial assignment, complete items 7 and 8, and also indicate affected collateral in item 8					
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.					
5. PARTY INFORMATION CHANGE: Check only <u>one</u> of these two boxes: AND check <u>one</u> of the three boxes to: This Change affects: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. <input type="checkbox"/> CHANGE: name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c. <input type="checkbox"/> DELETE name: One record name to be deleted in item 6a or 6b.					
6. CURRENT RECORD INFORMATION - Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)					
6a. ORGANIZATION'S NAME					
OR					
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) / INITIAL(S)	SUFFIX		
Vanek	Kristina				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change; provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)					
7a. ORGANIZATION'S NAME					
OR					
7b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) / INITIAL(S)	SUFFIX		
7c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: Indicate collateral.		<input type="checkbox"/> ADD collateral	<input type="checkbox"/> DELETE collateral	<input type="checkbox"/> RESTATE (change) collateral	<input type="checkbox"/> ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor					
9a. ORGANIZATION'S NAME					
FTL Finance					
OR					
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) / INITIAL(S)	SUFFIX		
10. OPTIONAL FILER REFERENCE DATA 1147832, Lake, Kristina Vanek					

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: (same as item 1a on Amendment form) 2020000149, Lake, IN,	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)	
12a. ORGANIZATION'S NAME FTL Finance	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S) / INITIAL(S)	SUFFIX

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13. Name of DEBTOR (on original financing statement) (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13). Provide only <u>one</u> Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fit			
13a. ORGANIZATION'S NAME			
OR			
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) / INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR ITEM 9 (Cotestator)

15. This FINANCING STATEMENT AMENDMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a future filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): Recorded Owner: Kristina Vanek Owner Address: 6700 E 83rd Ave Crown Point, IN 46307
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17. Description of real estate: APN: 45-13-20-301-011.000-046, Legal Lot: 1, Subdivision: MOKOLS ADD, Municipality: ROSS TWP, County: Lake

18. MISCELLANEOUS: