

UCC FINANCING STATEMENT

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

**GINA PIMENTEL
RECORDER**
2022-024855

**STATE OF INDIANA
LAKE COUNTY**
FILED FOR RECORD

9:48 AM 2022 Aug 2

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
	Benton	Florence	
1c MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
1002 Burr St		Gary	IN 46406

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 NAME	MIDDLE NAME SUFFIX
2c MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME			
OR	3b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
	FTL Finance		
3c MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
820 South Main Street Suite 300		St. Charles	MO 63301

4. COLLATERAL: This financing statement covers the following collateral:
AmericanStandard #22043FSXB 2.5-Ton 13 SEER A/C, 2.5-Ton Cased Evaporator Coil, 80% 80k BTU Gas Furnace
A4AC3029A1000B

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, Item 11 and Instructions) being administered by a Debtor'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

6b. Check only if applicable and check only one box:
 Licensee/Licensor

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

8. OPTIONAL FILER REFERENCE DATA
2191047, Florence Benton

ck# 440036

ATS, 100

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

OR	1a ORGANIZATION'S NAME
	1b INDIVIDUAL'S SURNAME Bentoni
	FIRST PERSONAL NAME Florene
	ADDITIONAL NAME(S) / INITIAL(S)

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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

OR	10a ORGANIZATION'S NAME
	10b INDIVIDUAL'S SURNAME
	INDIVIDUAL'S FIRST PERSONAL NAME
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

10c MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME - Provide only one name (11a or 11b)

OR	11a ORGANIZATION'S NAME			
	11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) / INITIAL(S)	SUFFIX

11c MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [or record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Recorded Owner: Florene Benton
Owner Address:
1002 Burr St
Gary, IN 46406

14. This FINANCING STATEMENT:
 covers lender to be cut covers co-extracted collateral is done as a future filing

16. Description of real estate:

APN: 45-07-12-130-010.000-004, Lot: 1,2, Block: 6,
Municipality / Township: CALUMET TOWNSHIP,
Subdivision: KINGS RESUB, County: Lake

17. MISCELLANEOUS:

219647

NOT AN OFFICIAL DOCUMENT

LOTS 1 AND 2, BLOCK 6, KING'S RESUBDIVISION OF BLOCKS 3 AND 6, OF
J.R. LANES 1ST ADDITION TO IVANHOE, IN THE CITY OF GARY, AS
SHOWN IN PLAT BOOK 9, PAGE 24, IN LAKE COUNTY, INDIANA.

TAX ID: 45-07-12-130-010.000-004

Property Address: 1002 Burr St Gary, IN 46406

Property of Lake County Recorder