

### 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  
2022-024856  
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 UCC1A2)

1a ORGANIZATION'S NAME

OR 1b INDIVIDUAL'S SURNAME  
Hester

1c MAILING ADDRESS  
364 McKinley Street

FIRST PERSONAL NAME  
Juanita

CITY  
Gary

STATE  
IN

POSTAL CODE  
46404

COUNTRY

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 UCC1A2)

2a ORGANIZATION'S NAME

OR 2b INDIVIDUAL'S SURNAME

2c MAILING ADDRESS

FIRST NAME

MIDDLE NAME

SUFFIX

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  
FTL Finance

OR 3b INDIVIDUAL'S LAST NAME

3c MAILING ADDRESS  
820 South Main Street Suite 300

FIRST NAME

MIDDLE NAME

SUFFIX

CITY  
St. Charles

STATE  
MO

POSTAL CODE  
63301

COUNTRY

4. COLLATERAL: This financing statement covers the following collateral:  
Ducane #S192H25691 13 SEER AC, GAS FURNACE 4AC13B30P

5. Check only if applicable and check only one box: Collateral  is held in a Trust (see UCC1A2, 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  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/Balor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA  
2178365, Juanita Hester

\$25.00

Property of Lake County Recorder

ck# 45952

# 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	FIRST PERSONAL NAME	SUFFIX
	Hester	Juanita	
	ADDITIONAL NAME(S) (INITIALS)		

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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	FIRST PERSONAL NAME	SUFFIX
	ADDITIONAL NAME(S) (INITIALS)		
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) (INITIALS) SUFFIX
11c MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

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: Juanita Hester  
Owner Address:  
364 McKinley Street  
Gary, IN 46404

14. This FINANCING STATEMENT:

covers timber to be cut  covers oil-extracted collateral  is filed as a future filing

16. Description of real estate:

APN: 45-08-05-253-027-000-004, Lot: 32, Block: 29  
Municipality / Township:  
CALUMET TOWNSHIP, Subdivision: GARY LAND COYS  
4TH SUB, County: Lake

See attached!

17. MISCELLANEOUS:

2118365

# NOT AN OFFICIAL DOCUMENT

LOT 32 IN BLOCK 29 IN GARY LAND COMPANY'S FOURTH, SUBDIVISION,  
IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK  
14, PAGE 15, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY,  
INDIANA.

C/K/A 364 MCKINLEY STREET, GARY, INDIANA 46404

PIN#25-44-0183-0046

Property of Lake County Recorder