

# NOT AN OFFICIAL DOCUMENT

2

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|  |         |
|--|---------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)             |         |
| Rebecca Wheeler (816) 207-2125                             | 1369211 |
| B. EMAIL CONTACT AT FILER (optional)                       |         |
| rebecca.wheeler@alorica.com                                |         |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)              |         |
| MEDALLION BANK<br>4315 PICKETT RD.<br>ST. JOSEPH, MO 64503 |         |
| FILED IN: LAKE, IN   |         |

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2022-024857

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 |
|                         | KEEN                     |        | MARC                | Andrew                                 |
| 1c. MAILING ADDRESS     |                          | CITY   | STATE               | POSTAL CODE COUNTRY                    |
| 2622 CYPRESS LANE       |                          | HOBART | IN                  | 46342 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 |                          |        |                     |  |
| OR                      | 2b. INDIVIDUAL'S SURNAME |        | FIRST PERSONAL NAME | ADDITIONAL NAME(S) (INITIAL(S)) SUFFIX |
|                         | Keen                     |        | Michelle            | R                                      |
| 2c. MAILING ADDRESS     |                          | CITY   | STATE               | POSTAL CODE COUNTRY                    |
| 2622 cypress LN         |                          | HOBART | IN                  | 46342 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 |                          |            |                     |  |
| OR                      | 3b. INDIVIDUAL'S SURNAME |            | FIRST PERSONAL NAME | ADDITIONAL NAME(S) (INITIAL(S)) SUFFIX |
|                         | MEDALLION BANK           |            |                     |  |
| 3c. MAILING ADDRESS     |                          | CITY       | STATE               | POSTAL CODE COUNTRY                    |
| 4315 PICKETT RD.        |                          | ST. JOSEPH | MO                  | 64503 USA                              |

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

Roofs Fiberglass - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN HOBART, COUNTY OF LAKE, STATE OF INDIANA TO WIT:  
ARBOR LANE ADDITION UNIT TWO LOT 99 CITY OF HOBART PB 82 PG 17 PROPERTY ADDRESS: 2622  
CYPRESS LN, HOBART, IN 46342-3582 PARCEL ID#: 45-09-28-402-032.000-018 ALT APN: 006271703280028

ck# 47835

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

\$25.00

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

8. **OPTIONAL FILER REFERENCE DATA:**

# 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       |        |
|                               |        |
| 9b. INDIVIDUAL'S SURNAME      |        |
| KEEN                          |        |
| FIRST PERSONAL NAME           |        |
| MARC                          |        |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| Andrew                        |        |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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) (i.e. 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                   |  |  |      |       |             |         |
|  |  |  |      |       |             |         |
| 10b. INDIVIDUAL'S SURNAME                  |  |  |      |       |             |         |
|  |  |  |      |       |             |         |
| INDIVIDUAL'S FIRST PERSONAL NAME           |  |  |      |       |             |         |
|  |  |  |      |       |             |         |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |  |      |       |             |         |
|  |  |  |      |       |             |         |
| 10c. MAILING ADDRESS                       |  |  | CITY | STATE | POSTAL CODE | COUNTRY |
|  |  |  |      |       |             | USA     |

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

|                           |  |                               |      |        |             |         |
|---------------------------|--|-------------------------------|------|--------|-------------|---------|
| 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 |
|                           |  |                               |      |        |             |         |

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):

Owners: MARC Andrew KEEN , Michelle R Keen

16. Description of real estate:

THE FOLLOWING PROPERTY IS SITUATED IN HOBART, COUNTY OF LAKE, STATE OF INDIANA TO WIT: ARBOR LANE ADDITION UNIT TWO LOT 99 CITY OF HOBART PB 82 PG 17 PROPERTY ADDRESS: 2622 CYPRESS LN, HOBART, IN 46342-3582 PARCEL ID#: 45-09-28-402-032.000-018 ALT APN: 006271703280028

17. MISCELLANEOUS: