

NOT AN OFFICIAL DOCUMENT

4

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Name: **Wollers Kluwer Lien Solutions** Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)
 uccfilingreturn@wollerskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) **46322 - SunTrust Bank**

Lien Solutions **90890900**
 P.O. Box 29071
 Glendale, CA 91209-9071

IN IN
FIXTURE

File with: **Lake, IN**

GINA PIMENTEL
RECORDER
2023-003235
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
12:31 PM 2023 Jan 23

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 ROBINSON	FIRST PERSONAL NAME EDITH	ADDITIONAL NAME(S) (INITIAL(S))	SUFFIX
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1c. MAILING ADDRESS

CITY CEDAR LAKE	STATE IN	POSTAL CODE 46303	COUNTRY USA
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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	FIRST PERSONAL NAME	ADDITIONAL NAME(S) (INITIAL(S))	SUFFIX
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2c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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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
SERVICE FINANCE COMPANY, LLC

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) (INITIAL(S))	SUFFIX
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3c. MAILING ADDRESS

CITY BOCA RATON	STATE FL	POSTAL CODE 33432	COUNTRY USA
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4. COLLATERAL: This financing statement covers the following collateral:
BATH TUB AND SHOWER SYSTEM

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:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. 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/Bailor Licensee/Licensee

8. OPTIONAL FILER REFERENCE DATA:
90890900 3436526 \$ 25100

Property of Lake County Recorder

ckf 201 29948

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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	
ROBINSON	
FIRST PERSONAL NAME	
EDITH	
ADDITIONAL NAME(S)(INITIAL(S))	SUFFIX

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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:

PARCEL# 45-19-04-151-009.000-037

ROBINSON
10805 W 151ST AVE
CEDAR LAKE IN 46303-9059

LAKE COUNTY
[See Exhibit for Real Estate]

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Debtor: ROBINSON, EDITH

Exhibit for Real Estate

16. Description of real estate: Continued

LEGAL DESCRIPTION: SEE ATTACHED

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LEGAL DESCRIPTION

The East 2½ acres of the North 15 acres of the Southwest Quarter of the Northwest Quarter of Section 4, Township 33 North, Range 9 West of the Second Principal Meridian, except the West 74 feet of said 2½ acres, in Lake County, Indiana.

Parcel No.: 45-19-04-151-009.000-037)

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