

# NOT AN OFFICIAL DOCUMENT

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BY: JAS  
PG #: 3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294
B. E-MAIL CONTACT AT FILER (optional) SPRfiling@cscglobal.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  2485 06049 CSC 801 Adlai Stevenson Drive Springfield, IL 62703  Filed In: Indiana (Lake)

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 Ayala	FIRST PERSONAL NAME Sergio	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX Jr
1c. MAILING ADDRESS 14949 Euclid St		CITY Cedar Lake	STATE IN	POSTAL CODE 46303
			COUNTRY 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
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY 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 Cross River Bank and its successors and assigns c/o Marlette Servicing, LLC				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 3419 Silverside Road		CITY Wilmington	STATE DE	POSTAL CODE 19810
			COUNTRY USA	

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

All fixtures now or hereafter securely and/or permanently attached to the property identified above, excluding personal effects and household goods or appliances that are not considered fixtures under applicable law.

Fixture Definition: An object physically and permanently attached or fastened to the property. This includes items that have the following method of attachment; bolted, screwed, nailed, glued, or cemented onto the walls, floors, ceilings or any other part of the home.

Proposed Fixtures include but not limited to:

Built-in cabinets and shelving

Bathroom vanities

Light fixtures

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  Manufacture-Home Transaction  A Debtor is a Transmuting Utility  Agricultural Lien  Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA:

2485 06049

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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

Ayala

FIRST PERSONAL NAME

Sergio

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

Jr

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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):

Sergio Ayala Jr  
14949 Euclid St  
Cedar Lake, IN 46303  
Lake County

APN: 45-19-04-229-005.00

Property Address:  
14949 Euclid St  
Cedar Lake, IN 46303  
Lake County

See Exhibit A

17. MISCELLANEOUS:

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## Exhibit A

LOT 177 IN LYNNWAY, UNIT 3 IN THE TOWN OF CEDAR LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 98 PAGE 29 AMENDMENT RECORDED NOVEMBER 28, 2007 AS INSTRUMENT NO. 2007-093897 AMENDMENT TO SUBDIVISION EXHIBIT RECORDED IN PLAT BOOK 102 PAGE 22 AND AMENDMENT TO SUBDIVISION RECORDED JULY 25, 2008 AS INSTRUMENT NO. 2008-053626 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property of Lake County Recorder