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## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)	
Rebecca Wheeler (816) 207-2125	1646366
B. EMAIL CONTACT AT FILER (optional)	
rebecca.wheeler@alorica.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
MEDALLION BANK	
4315 PICKETT RD.	
ST. JOSEPH, MO 64503	
FILED IN: LAKE, IN	

GINA PIMENTEL  
RECORDER  
2023-009207  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD 2:44 PM 2023 Mar 24

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		
Kennelly	Dawn			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
6534 W 130TH AVE	Cedar Lake	IN	46303	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				
OR	MEDALLION BANK			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
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:

Siding - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN CEDAR LAKE, COUNTY OF LAKE, STATE OF INDIANA TO WIT: LEMON LAKES ESTATES UNIT III LOT 45 (2016-063153 EXHIBIT A ATTACHED) PROPERTY ADDRESS: 6534 W 130TH AVE, CEDAR LAKE, IN 46303 PARCEL ID#: 45-15-23-427-021.000-043 ALT APN: 003312502890027

ck# 49772

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  Agricultural Lien  Non-UCC Filing

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

8. **OPTIONAL FILER REFERENCE DATA:**

986 100

# 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

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

Kennelly

FIRST PERSONAL NAME

Dawn

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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) (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

USA

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):

Owners: Dawn Kennelly

16. Description of real estate:

THE FOLLOWING PROPERTY IS SITUATED IN CEDAR LAKE, COUNTY OF LAKE, STATE OF INDIANA TO WIT: LEMON LAKES ESTATES UNIT III LOT 45 (2018-063153 EXHIBIT A ATTACHED) PROPERTY ADDRESS: 6534 W 130TH AVE, CEDAR LAKE, IN 46303 PARCEL ID#: 45-15-23 -427-021.000-043 ALT APN: 003312502890027

17. MISCELLANEOUS:

# NOT AN OFFICIAL DOCUMENT

1 Exhibit A

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 063153

2016 SEP 15 AM 9:36

MICHAEL B. BROWN  
RECORDER

### WARRANTY DEED

TAX: I.D. NO. 45-15-23-427-021.000-043

THIS INDENTURE WITNESSETH, JOSEPH HEIN a/k/a JOSEPH HEIN, (GRANTOR), of LAKE County in the State of INDIANA, CONVEYS AND WARRANTS to DAWN M. KENNELLY, of LAKE County in the State of INDIANA, (GRANTEE), in consideration of One Dollar (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

LOT 45 IN LEMON LAKE ESTATES UNIT III, AN ADDITION TO CEDAR LAKE, AS PER PLAN THEREOF, RECORDED IN PLAT BOOK 46, PAGE 100, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AND AMENDED BY THE PLAT OF CORRECTION RECORDED JULY 29, 1977 AND IN PLAT BOOK 47 PAGE 87 AND FURTHER AMENDED BY A CERTIFICATE OF CORRECTION RECORDED AUGUST 10, 1977 AS DOCUMENT 422274 IN LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 6534 W. 130<sup>th</sup> AVE, CEDAR LAKE, INDIANA, 46303

SUBJECT TO SPECIAL ASSESSMENTS, IF ANY, 2015 TAXES PAYABLE 2016, 2016 TAXES PAYABLE 2017 AND ALL REAL ESTATE TAXES DUE AND PAYABLE HEREAFTER.

SUBJECT TO EASEMENTS, RESTRICTIONS AND COVENANTS OF RECORD, IF ANY.

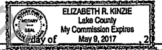
Dated this 9 day of September, 2016  
Joseph Hein a/k/a Dawn M  
JOSEPH HEIN

STATE OF INDIANA, COUNTY OF Lake SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 9 day of September, 2016 personally appeared JOSEPH HEIN and acknowledged the execution of the foregoing deed. In witness whereof, I have hereto subscribed my name and affixed my official seal.

My commission expires: 5/9/17 Signature [Signature]  
Resident of Lake County Printed [Name] Notary Public

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ SS:



Before me, the undersigned, a Notary Public in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared: \_\_\_\_\_ and acknowledged the execution of the foregoing deed. In witness whereof, I have hereto subscribed my name and affixed my official seal.

My commission expires: \_\_\_\_\_ Signature \_\_\_\_\_  
Resident of \_\_\_\_\_ County Printed \_\_\_\_\_ Notary Public

This instrument prepared by: MATTHEW W. DEULLEY, Attorney at Law, ID No. 27813-45  
No legal opinion given to Grantor. All information used in preparation of document was supplied by title company.

RETURN DEED TO: GRANTEE  
GRANTEE STREET OR RURAL ROUTE ADDRESS: 6534 W. 130<sup>th</sup> AVE, CEDAR LAKE, INDIANA, 46303  
SEND TAX BILLS TO: GRANTEE

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document unless required by law.

[Signature]  
Signature of Preparer

Elizabeth Kinzie  
Printed Name of Preparer

Community Title Company  
File No. 1610512

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

005257 SEP 14 2016 \$16,000  
JOHN E. PETALAS LAKE COUNTY AUDITOR  
CMA