

NOT AN OFFICIAL DOCUMENT

2023-517317
 06/06/2023 11:20 AM
 TOTAL FEES: 25.00
 BY: JAS
 PG #: 3
 RECORDED AS PRESENTED

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 GINA PIMENTEL
 RECORDER

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

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 UCC1A6)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) / INITIAL(S)	SUFFIX
	Davis	Kimberly		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4913 Drummond St	East Chicago	IN	46312	

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 UCC1A6)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS	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	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
820 South Main Street Suite 300	St. Charles	MO	63301	

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

Goodman #2112158171 GAS FURNACE, 13 SEER AC, COIL GM9S80084BN

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1A6, 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 Manufacture-Horse Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA
2161204, Kimberly Davis

International Association of Commercial Administrators (IACA)

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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

OR	1a. ORGANIZATION'S NAME	
	1b. INDIVIDUAL'S SURNAME	Davis
	FIRST PERSONAL NAME	Kimberly
	ADDITIONAL NAME(S) (INITIALS)	
	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

OR	10a. ORGANIZATION'S NAME	
	10b. INDIVIDUAL'S SURNAME	
	INDIVIDUAL'S FIRST PERSONAL NAME	
	INDIVIDUAL'S ADDITIONAL NAME(S) (INITIALS)	
	SUFFIX	

10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

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

OR	11a. ORGANIZATION'S NAME	
	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 (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut covers as-to/included 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):

Recorded Owner: Kimberly Davis
Owner Address:
4913 Drummond St
East Chicago, IN 46312

16. Description of real estate:

APN: 45-03-33-227-007.000-024, Lot: 10, Block: 27, EAST CHICAGO S.11.5 FT. L.10 BL.27 ALL L.11 BL.27 N.3.5 FT. L.12 BL. 27. Township: NORTH TOWNSHIP, Subdivision: CALUMET ADD; County: Lake

17. MISCELLANEOUS:

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For APN/Parcel ID(s): 45-03-33-227-007.000-024

THE SOUTH 11.5 FEET OF LOT 10, ALL OF LOT 11, AND THE NORTH 3.5 FEET OF LOT 12 IN BLOCK 27 IN CALUMET ADDITION TO EAST CHICAGO, AS PER PLAT THEREOF, RECORDED APRIL 28, 1910 IN PLAT BOOK 8 PAGE 32, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property: 4913 Drummond St., East Chicago, IN 46312

Property of Lake County Recorder