

NOT AN OFFICIAL DOCUMENT

3



Record at the request of and when recorded return to: GoodLeap, LLC

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)
filings@goodleapsupport.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

GoodLeap, LLC
PO Box # 981440
El Paso, TX 79998-1440

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

GINA PIMENTEL
RECORDER
2024-030690
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED
9:04 AM 2024 Oct 26

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 1b 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
	Andersen	Linda	
1c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
8505 Morse Pl		Crown Point	IN 46307 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 2b 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
			CA 95661 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
	GoodLeap, LLC		
3c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
8781 Sierra College Boulevard		Roseville	CA 95661 USA

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

All of the Debtor's right, title and interest in and to Goods purchased with the proceeds of the loan by Secured Party to Debtor pursuant to the Home Improvement Agreement described in the Loan Agreement between Secured Party and Debtor(s), including (a) HVAC (b) all accessions, attachments, accessories, tools, parts, supplies, replacements of and additions to such goods; (c) all proceeds from warranty claims related to such goods; (d) such Home Improvement Agreement or any operations and maintenance agreement; (e) all agreements and other documentation relating to such goods, such Home Improvement Agreement or any operations and maintenance agreement; (f) all consideration received from the collection, sale or other disposition of such goods, including any payment received from any insurer arising from any loss, damage or destruction of such goods and any other payment received as a result of possessing any such goods, or any other proceeds of such goods

ck#514177

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

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

8. OPTIONAL FILER REFERENCE DATA: Acct # 2304172087 FIX Lake \$ 25,120

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

Andersen

FIRST PERSONAL NAME

Linda

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 UCC-1) (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 1b (if Debtor does not have a record interest):

Linda Andersen

16. Description of real estate:

County of: Lake

Address: 8505 Morse Pl, Crown Point, IN, 46307

APN: 451123383001.000032

See Exhibit A

17. MISCELLANEOUS: FIX

NOT AN OFFICIAL DOCUMENT

Exhibit A

Legal Description

purpose, Borrower does hereby mortgage, grant and convey to Lender and Lender's successors and assigns, the following described property located in the

COUNTY of LAKE :
[Type of Recording Jurisdiction] [Name of Recording Jurisdiction]

ALL THAT PARCEL OF LAND IN CITY OF CROWN POINT, LAKE COUNTY, STATE OF INDIANA, BEING KNOWN AND DESIGNATED AS LOT 76 AND THE NORTH 10 FEET OF LOT 75 IN SCHERRERVILLE HEIGHTS, SECTION NO. 4, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 37 PAGE 87 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. BY PER SIMPLE DEED FROM GARY T. OWEN AND SHARON A. OWEN AS SET FORTH IN INST # 840778777 DATED 10/05/1984 AND RECORDED 11/05/1984, LAKE COUNTY RECORDS, STATE OF INDIANA. Tax ID: 45-11-23-383-001-000-050

IN_Lake_Andersen

Property of Lake County Recorder