

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 46322 - SunTrust Bank	
Lien Solutions P. O. Box 29071 Glendale, CA 91209-9071	101846295 ININ FIXTURE

File With: Lake, IN

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 COOK	FIRST PERSONAL NAME CHARLES	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 4009 PULASKI ST		CITY EAST CHICAGO	STATE POSTAL CODE COUNTRY IN 46312-2801 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 COOK	FIRST PERSONAL NAME LASHAWN	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 4009 PULASKI ST		CITY EAST CHICAGO	STATE POSTAL CODE COUNTRY IN 46312-2801 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 SERVICE FINANCE COMPANY			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 555 S FEDERAL HWY, STE 200		CITY Boca Raton	STATE POSTAL CODE COUNTRY FL 33432-6033 USA

4. **COLLATERAL:** This financing statement covers the following collateral:
 BATH TUB AND SHOWER SYSTEMS

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:
 101846295 3585930

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

OR	9a. ORGANIZATION'S NAME	
	9b. INDIVIDUAL'S SURNAME	
	COOK	
FIRST PERSONAL NAME		
CHARLES		
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:

OR	10a. ORGANIZATION'S NAME				
	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. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b)					
OR	11a. ORGANIZATION'S NAME				
	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 18 (if Debtor does not have a record interest):

Leshawn R. Harrison, unmarried
4009 Pulaski Street
East Chicago, IN 46312

16. Description of real estate:

THE FOLLOWING DESCRIBED REAL ESTATE IN LAKE COUNTY, IN THE STATE OF INDIANA: LOT 5 IN BLOCK 13 IN SUBDIVISION OF BLOCKS 13, 14, 15 AND 16 IN FIFTH ADDITION TO INDIANA HARBOR, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 9, PAGE 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 101648295-IN-09 46322 - SunTrust Bank

SERVICE FINANCE COMPANY

File with: Lake, IN

3585930

NOT AN OFFICIAL DOCUMENT

Debtor: COOK, CHARLES

Exhibit for Real Estate

16. Description of real estate: Continued

Property Address: 4009 Pulaski Street East Chicago IN
46312

Parcel ID: 45-03-22-383-005.000-024

Property of Lake County Recorder

