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Rashelle Hobbs, Recorder, Salt Lake County, Utah
Return To: WOLTERS KLUWER LIEN SOLUTIONS
6815 SAUKVIEW DR SAINT CLOUD, MN 56303

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) 47843 - BrightOak

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	88368323
	UTUT FIXTURE

File with: Salt Lake, UT

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
	Winkler		Ellen		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2970 E Devonshire Cir		Salt Lake City	UT	84108	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

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
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
1020 E Battlefield Rd		Springfield	MO	65807	USA

4. COLLATERAL: This financing statement covers the following collateral:
All solar energy generating equipment (the 'Solar Equipment') of Debtor at 2970 E Devonshire Cir, Salt Lake City, Utah 84108 which premises is further described in legal description, including without limitation all modules, inverters, racking, monitoring systems, DAS, combiner boxes, switches, weather stations, meters, wires, connections, spare parts, hardware and tooling and all general intangibles, contracts, warranty rights, manuals, books, records and other rights related to the Solar Equipment and all proceeds, products, and replacements thereof.

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:
88368323 5606259

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 Winkler	
FIRST PERSONAL NAME Ellen	
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

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):

Henry Jason Winkler and Ellen P Winkler
Trustees or their successors in interest of the
Winkler Revo

16. Description of real estate:

Parcel ID:
16-11-453-011-0000

BEGINNING AT A POINT WHICH IS NORTH 45° EAST
50 FEET FROM THE NORTHWEST CORNER OF LOT
32, ST. MARY HILLS PLAT "D", ACCORDING TO THE
PLAT THEREOF ON FILE AND OF RECORD IN THE
OFFICE OF THE COUNTY RECORDER OF SALT
[See Exhibit for Real Estate]

Debtor: Winkler, Ellen

Exhibit for Real Estate

16. Description of real estate: Continued

LAKE COUNTY, AND RUNNING THENCE EASTERLY
ALONG THE ARC OF A CURVE TO THE RIGHT
(RADIUS 25 FEET, BEARING SOUTH 45° EAST) 21.03
FEET TO A POINT OF REVERSE CURVE; THENCE
EASTERLY ALONG THE ARC OF A CURVE TO THE
LEFT (RADIUS 50 FEET, BEARING NORTH 3°11'23"
EAST) 66.10 FEET; THENCE SOUTH 61°14' EAST 212.501
FEET; THENCE SOUTH 32° WEST 173.57 FEET; THENCE
NORTH 38°19'46" WEST 264.20 FEET TO THE POINT OF
BEGINNING. APN No: 16-11-453-011-0000