



\*W3258426\*

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

E# 3258426 PG 1 OF 3  
Leann H. Kilts, WEBER COUNTY RECORDER  
05-Oct-22 0216 PM FEE \$40.00 DEP SLV  
REC FOR: LIEN SOLUTIONS  
ELECTRONICALLY RECORDED

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) 48180 - SERVHL	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	89161783  UTUT FIXTURE
File with: Weber, 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				
	LEATHAM	FIRST PERSONAL NAME	QUINTIN	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
				A	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
367 E 23 N		OGDEN	UT	84414	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				
	BROWN	FIRST PERSONAL NAME	LINDA	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
				RAE	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
367 E 23 N		OGDEN	UT	84414	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					
SERVHL UNDERLYING TRUST 2019-1 C/O WILMINGTON TRUST, NATIONAL ASSOCIATION					
OR	3b. INDIVIDUAL'S SURNAME				
		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
RODNEY SQUARE NORTH, 1100 NORTH MARKET STREET		WILMINGTON	DE	19890	USA

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

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 <u>only</u> if applicable and check <u>only one</u> box:	6b. Check <u>only</u> if applicable and check <u>only one</u> box:
<input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	<input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA:  
89161783 2825464



**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	
LEATHAM	
FIRST PERSONAL NAME	
QUINTIN	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
A	

**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):

<p>13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</p> <p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):</p>	<p>14. This FINANCING STATEMENT:</p> <p><input type="checkbox"/> covers timber to be cut   <input type="checkbox"/> covers as-extracted collateral   <input checked="" type="checkbox"/> is filed as a fixture filing</p> <p>16. Description of real estate:</p> <p><b>PARCEL # 18-082-0002</b></p> <p><b>LEATHAM</b>  <b>367 E 2300 N</b>  <b>NORTH OGDEN UT 84414</b></p> <p><b>UNIT 2, BLACKHAWK TOWNHOUSES PHASES 1, A</b>  <b>[ See Exhibit for Real Estate ]</b></p>
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**Debtor:** LEATHAM, QUINTIN, A

Exhibit for Real Estate

**16. Description of real estate:** Continued

PRUD, NORTH OGDENCITY, WEBER COUNTY, UTAH  
DEED # 3109384 11-DEC-20

