## HNOFFICIAL CORY209949

RECORDER EUGENE "GENE" MOORE MARKHAM OFFICE 7196/0024 83 003 Page 1 of 2 **2001-12-20 12:06:20** Cook County Recorder 23.50

0011209949

## **UCC FINANCING STATEMENT**

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

EQUITY ONE INC.

EQUITY ONE INC.
ONE NATIONAL PLAZA
1111 PLAZA DRIVE - SUITE 715
SCHAUMBURG, IL 60173
(847) 995-9150

25	THE ABOVE SPACE IS FOR FILING OFFICE USE ON									
25	1. [			- insert only one debtor name (1	s or 1b) - do not abbreviate or combine names	1		<u> </u>		
		1a. ORGANIZATION'S NA	ME							
	OR	1b. INDIVIDUAL'S LAST N	AME	<u> </u>	FIRST NAME	MIDDLE	NAME	SUFFIX		
					III.IDDCL	INIDOCE IVONE				
	1- 1	THOMAS MAILING ADDRESS			SANDRA		ANN			
	IG. N	MAILING ADDRESS		Ux	CITY	STATE	POSTAL CODE	COUNTRY		
		9615 SOUT		MON AVENUE	CHICAGO	IL	60643	USA		
٠.		Id. TAX ID #: SSN OR EIN   ADD'L INFO RE   18, TYPE OF ORGANIZA ION			1f. JURISDICTION OF ORGANIZATION	1g. ORG	1g. ORGANIZATIONAL ID #, if any			
25	-0	8-213-052	DEBTOR	[				NONE		
	2. A	DOITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert only one	de stor ar a (2a or 2b) - do not abbreviate or	combine names				
		2a. ORGANIZATION'S NAI	ME							
	OR.									
	UK.	2b. INDIVIDUAL'S LAST NAME			FIRST NA. 4E	MIDDLE	MIDOLE NAME			
		THOMAS			KENDALYN	т.		1		
	2c. A	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY		
		9615 SOUT	'H SANGA	MON AVENUE	CHICAGO	IL	60643	USA		
	2d. 1	2d. TAX ID #: SSN OR EIN ADD'L INFO RE   26. TYPE OF ORGANIZATION			2f. JURISDICTION OF ORGANIZ / TICN	2g. ORG	2g. ORGANIZATIONAL ID #, if any			
25	<u>-0</u>	8-213-052	ORGANIZATION DEBTOR					NONE		
225-	3. S	ECURED PARTY'S	NAME (or NAME o	TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party name (3	a of "J)		_		
		3a. ORGANIZATION'S NAM	WE		<u> </u>	(0)				
		CARSON'S	SHOP AT	HOME						
25	OR	36. INDIVIDUAL'S LAST NAME			FIRST NAME	MI OLE	MIT DLE NAME			
		,					),	j		
	3c. N	MAILING ADDRESS	<del></del>		ary	STATE	PO TAL CODE	COUNTRY		
		3943 NORT	H PULAS	KI AVENÚE	CHICAGO	IL	53641	USA		

4. This FINANCING STATEMENT covers the following collateral:

NEW ROOF

LOT 20 (EXCEPT THE NORTH 44.5 FEET THEREOF) AND THE NORTH 32 FEET OF LOT 19 IN BLOCK 31 IN HALSTED STREET ADDITION OF WASHINGTON HEIGHTS BEING A SUBDVISION O FPART OF THE SOUTH EAST  $\frac{1}{4}$  OF SECTION 5, AND NORTH EAST  $\frac{1}{4}$  OF SECTION 8, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.

	CONSIGNEE/C	ONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG, LIEN	NON-U	CCFILING
6. X This FINANCING STATEMENT is to be filed (for ESTATE RECORDS. Attach Addendum	the REAL 7	Check to REQUI	IEST SEARCH REPO	RT(S) on Debtor(s)	All Debtors	Debtor 1	Debtor 2
8, OPTIONAL FILER REFERENCE DATA	 	•					



FOLLOW INSTRUCTIONS (front and b							
9. NAME OF FIRST DEBTOR (1a or		ATEMENT		7			
9a. ORGANIZATION'S NAME							
OR							
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME,SUF	FIX			
THOMAS	SANDRA	ANN					
10. MISCELLANEOUS:							
D <sub>C</sub>	Ó			THE ABOV	SPACE	IS FOR FILING OFF	ice lise only
11. ADDITIONAL DEBTOR'S EXACT	FULL LECAL NAME, insert only one	name (11s or 11h	- do not abb			IST CICT IEMO OF F	ICL OSE OAL!
11a. ORGANIZATION'S NAME	OCE EE JAC TO AND THIS BIT DILLY GILE	name (Tabrito	- do not and	reviate or combine nam	63	· · · · · · · · · · · · · · · · · · ·	
	0.~						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	0.00		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS	C	СПУ			STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO I ORGANIZATI DEBTOR		117. TURISDICT	TON OF ORG	SANIZATION	11g. ORG	I GANIZATIONAL ID #, if a	· —
The state of the s	TY'S or XASSIGNOR S/P'S	NAME - II.	one nar	ne (12a or 12b)	·		NON
FOULTRY ONE T	NO		(/,				
OR 125. INDIVIDUAL'S LAST NAME	EQUITY ONE, INC. 12b. INDIVIDUAL'S LAST NAME			)	MIDDLE	NAME	SUFFIX
							]55.71%
2c. MAILING ADDRESS	<u> </u>	СПҮ			STATE	POSTAL CODE	COUNTRY
1111 PLAZA DRIV	E SUITE 715	SCHAU	MBURG		IL	60173	USA
This FINANCING STATEMENT covers collateral, or is filed as a Tixture filing     Description of real estate:	1.211 1.001	16. Additional o	collateral des	cription:	7:		, 00.1
OT 20 (EXCEPT THE TEET THEREOF) AND TEET OF LOT 19 IN LACTED STREET ADSAMBLE OF PASSION OF PASSION OF PASSION OF EAST $\frac{1}{4}$ OF SOUTH EAST $\frac{1}{4}$ OF SOUNSHIP 37 NORTH EAST OF THE THIRD	THE NORTH 32 BLOCK 31 IN DITION OF S, BEING A RT OF THE ECTION 5, AND ECTION 8, , RANGE 14				O	Office	)
ERIDIAN, IN COOK  5. Name and address of a RECORD OWNER	•	is.					
(if Debtor does not have a record interest):							
				and check <u>only</u> one box.  Trustee acting with res		perty held in trust or	Decedent's Estate
		18. Check only i		ind check only one box.	<u> </u>		
		Debtor is a T	RANSMITTIN	IG UTILITY			
		Filed in conf	ection with a	Manufactured-Home Ti	ansaction -	effective 30 years	
				Public-Finance Transac		•	