UNOFFICIAL C 9/13/07774427

2002-07-16 13:39:02

Cook County Recorder

23.50

UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]
CHRISTA KEENAN (630) 833-6222

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CITIZENS FINANCE COMPANY
188 INDUSTRIAL DRIVE
SUITE 128
ELMHURST, IL 60126

| 0020774427 | | | | | | |
|------------|--|--|--|--|--|--|

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| 1. D | EBTOR'S EXACT FU | LL LEGA, NAM | E - insert only <u>one</u> debtor name (1a o | or 1b) - do not abbreviate or combine name | 5 | | |
|-------|-------------------------|------------------------|--|---|-----------------|--------------------------|---------|
| - 1 | 1a. ORGANIZATION'S NA | ME - | | · · · · · · · · · · · · · · · · · · · | | • • • • | |
| | | C | | | | | |
| OR | 1b. INDIVIDUAL'S LAST N | AME | // / | FIRST NAME | MIDD | LE NAME | SUFFIX |
| | AGUIRRE | | | ARMANDO | | | |
| 1¢. N | IAILING ADDRESS | | Ox | CITY | STAT | E POSTAL CODE | COUNTRY |
| 574 | 9 S TALMAN AV | /E | | CHICAGO | IL | 60629 | USA |
| 1d. T | AX ID #: SSN OR EIN | | 1e. TYPE OF ORGAN 'ATION | 1f. JURISDICTION OF ORGANIZATION | 1g. Ol | RGANIZATIONAL ID#, if an | у |
| 34(|)-13-5210 | ORGANIZATION DEBTOR | | | | | NONE |
| 2. A | DDITIONAL DEBTOR | 'S EXACT FULL | LEGAL NAME - insert only one d | et or .ame (2a or 2b) - do not abbreviate o | r combine names | | |
| | 2a. ORGANIZATION'S NA | ME | | 7 | | | |
| | | | | ' () | | | |
| OR | 2b. INDIVIDUAL'S LAST N | AME | | FIRST NAME | МОО | E NAME | SUFFIX |
| | | | | 0, | | | |
| 2c. N | MAILING ADDRESS | | | CITY | STAT | E POSTAL CODE | COUNTRY |
| | | | | 1/X, | | | |
| 2d, T | AX ID#: SSN OR EIN | | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. O | RGANIZATIONAL ID#, if an | ıy |
| | | ORGANIZATION DEBTOR | | | | | NONE |
| | | | of TOTAL ASSIGNEE of ASSIGNOR | S/P) - insert only one secured party name | (3e ur 3b) | | |
| | 3a. ORGANIZATION'S NAJ | ME | | | · CV | | |
| | CITIZENS FINA | NCE COMP | ANY | | | | |
| OR | 3b. INDIVIDUAL'S LAST N | AME | | FIRST NAME | MIDD | LE NAME | SUFFIX |
| | | | | | 0 |)' | |
| 3c. N | MAILING ADDRESS | | | CITY | STAT | | COUNTRY |
| 1 | 88 INDUSTRIAL | DRIVE SU | ITE 128 | ELMHURST | IL | 50125 | USA |
| | | | | | | | |

4. This FINANCING STATEMENT covers the following collateral:

PURCHASE AND INSTALLATION OF A HOME WATER TREATMENT SYSTEM.

| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG, LIEN | NON-UCCFILING |
|---|--|--------------------|----------------------------------|-------------|-------------------|
| 6. This FINANCING STATEMENT is to be filed (for record) (or recorded) ESTATE RECORDS. Attach Addendum | in the REAL 7, Check to REC [if applicable] [ADDITIONAl | QUEST SEARCH REPOR | (T(S) on Debtor(s) [optional] | All Debtors | Debtor 1 Debtor 2 |
| 8 OPTIONAL FILER REFERENCE DATA | | | | | |

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| JCC FINANCING STATE OLLOW INSTRUCTIONS (front and b. | | | | | | |
|--|--|--|--|----------------|-----------------------------|---------------|
| NAME OF FIRST DEBTOR (1a or 1 | b) ON RELATED FINANCING STA | TEMENT | | | | |
| 9a. ORGANIZATION'S NAME | | | 7 | | | |
| R | | | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFF | ΊΧ | | | |
| AGUIRRE | ARMANDO | | | | | |
| 0.MISCELLANEOUS: | | | 7 | | | |
| D _O | | | | | | |
| | <u>C</u> / | | THE ABOVE | SPACE | IS FOR FILING OFF | ICE USE ONLY |
| 1. ADDITIONAL DEBTOR'S EXACT | FULL LE 3AI, NAME - insert only one na | ame (11a or 11b) - do not abb | reviate or combine name | 98 | | |
| 11a. ORGANIZATION'S NAME | 3,5 | | | | | |
| R | <i>O</i> ₂ c | | | | | |
| 11b. INDIVIDUAL'S LAST NAME | C | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| c. MAILING ADDRESS | 0 | СІТУ | •••• | STATE | POSTAL CODE | COUNTRY |
| d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZATI DEBTOR | RE 11e. TYPE OF ORGANIZATION ON | 11 JURISDICTION OF ORG | GANIZATION | 11g. OR | I SANIZATIONAL ID#, if a | any N |
| . ADDITIONAL SECURED PAR | TY'S or ASSIGNOR S/P'S | NAME - inse , on / one nar | ne (12a or 12b) | | | |
| 12a. ORGANIZATION'S NAME | | | | | | |
| <u>, </u> | | 4/ | | | | |
| 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE | NAME | SUFFIX |
| | | | | | | |
| c. MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY |
| | | <u> </u> | | | | |
| This FINANCING STATEMENT covers | timber to be cut or as-extracted | 16. Additional collateral des | scription: | 5/ | | |
| collateral, or is filed as a fixture filing. Description of real estate: |) . | | | 4 | | |
| PIN: 30-20-305-071 THE SOUTH 18.18 FEET O NORTH .32 FEET OF LOT GOLD COAST ADDITION PART OF LOT 11 IN PLAT BETWEEN HEIRS OF HAM IN SECTIONS 20 AND 29, RANGE 15 EAST OF THE MERIDIAN IN COOK COU | 20 IN BLOCK 3 IN , A SUBDIVISION OF OF PARTITION IS JOHANN SCHRUMM TOWNSHIP 36 NORTH, ITHIRD PRINCIPAL | | | , _C | Office | |
| Name and address of a RECORD OWNER (if Debtor does not have a record interest): | | 17. Check <u>only</u> if applicable Debtor is a Trust or 18. Check <u>only</u> if applicable | Trustee acting with re and check only one box | spect to pr | operty held in trust or | Decedent's Es |
| | | Debtor is a TRANSMITTI | | | | |
| | | Filed in connection with | a Manufactured-Home T | ransaction | — effective 30 years | |
| | | Filed in connection with . | a Public-Finance Transa | ction — ef | fective 30 years | |