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FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

ROSIE BOSTON (630) 833-6222 EXT. 34

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CITIZENS FINANCE CO.

188 INDUSTRIAL DR.

STE. 128

ELMHURST, IL. 60126



Doc#: 0334415161

Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 12/10/2003 02:47 PM Pg: 1 of 2

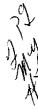
THE ABOVE SPACE IS FOR FILING OFFICE LISE ONLY

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EBTOR'S EXACT FU	ILL FSAL NAM	E - insert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S NA	ME					
AL INDIVIDUAL ACTIV	UNE CY	<u> </u>	Tripographic	Lussis	NAME	ISUFFIX
	AME			MIDDLE	NAME	SUFFIX
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2 SUTHERLAND	PL.		HOFFMAN ESTATES	IL	60195	USA
AX ID #: SSN OR EIN	ADD'L INFO RE	1e. TYPE OF ORG INIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if any	
-70-2244	DEBTOR	INDIVIDUAL	IL	1		NONE
ODITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert only ine	ebfor name (2a or 2b) - do not abbreviate or com	bine names		
2a. ORGANIZATION'S NAI	ME		/			
		· ·				
2b. INDIVIDUAL'S LAST N	AME		FII ST NAME	MIDDLE	NAME	SUFFIX
JOHNSON			SHA' VN			
AILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
092 SUTHERLA	ND PL.		HOFFMAN ESTATES	IL	60195	USA
AX ID#: SSN OR EIN	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF JRC ANIZATION	2g. ORG	ANIZATIONAL ID #, if any	, '
21-70-9448	DEBTOR	<u> </u> INDIVIDUAL	IIL O			NONE
ECURED PARTY'S	NAME (or NAME of	of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only <u>one</u> secured party name (% or	3b)		
3a. ORGANIZATION'S NAI	ME		10) .		
CITIZENS FINA	NCE COMP.	ANY		<i>^</i> /		
3b. INDIVIDUAL'S LAST N	AME		FIRST NAME	MODLE	NAME	SUFFIX
				16		
AILING ADDRESS			CITY	STATE	PUSTAL CODE	COUNTRY
88 INDUSTRIAL	DR. STE 12	28	ELMHURST	IL (60126	USA
	16. ORGANIZATIONS NA 16. INDIVIDUAL'S LAST N JOHNSON AILING ADDRESS 2 SUTHERLAND AX ID #: SSN OR EIN 6-70-2244 DDITIONAL DEBTOR 26. ORGANIZATION'S NA 26. INDIVIDUAL'S LAST N JOHNSON IAILING ADDRESS 092 SUTHERLA AX ID #: SSN OR EIN 21-70-9448 ECURED PARTY'S 36. ORGANIZATION'S NA CITIZENS FINA CITIZENS FINA AX ID HISTORY AILING ADDRESS	16. ORGANIZATION'S NAME 16. INDIVIDUAL'S LAST NAME JOHNSON AILING ADDRESS 2 SUTHERLAND PL. AX ID #: SSN OR EIN ORGANIZATION DEBTOR DITTIONAL DEBTOR'S EXACT FULL 26. INDIVIDUAL'S LAST NAME JOHNSON AILING ADDRESS 092 SUTHERLAND PL. AX ID #: SSN OR EIN ORGANIZATION DEBTOR 21-70-9448 ECURED PARTY'S NAME (or NAME or ORGANIZATION DEBTOR ECURED PARTY'S NAME (or NAME or ORGANIZATION DEBTOR ECURED PARTY'S NAME (OF NAME or ORGANIZATION DEBTOR BALLING ADDRESS ORGANIZATION'S NAME CITIZENS FINANCE COMP. 36. INDIVIDUAL'S LAST NAME	18. ORGANIZATION'S NAME 10. INDIVIDUAL'S LAST NAME JOHNSON AILLING ADDRESS 2 SUTHERLAND PL. AX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION INDIVIDUAL JOHNSON AILLING ADDRESS 20. ORGANIZATION'S NAME 20. INDIVIDUAL'S LAST NAME JOHNSON AILLING ADDRESS 092 SUTHERLAND PL. AX ID #: SSN OR EIN ORGANIZATION SNAME CITIZENS FINANCE COMPANY 36. INDIVIDUAL'S LAST NAME	EBTOR'S EXACT FULL For NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME JOHNSON ALONZO ALUNG ADDRESS 2 SUTHERLAND PL. AX ID #: SSN OR EIN ORGANIZATION DEBTOR 1-70-2244 DITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or com 2a. ORGANIZATION'S NAME JOHNSON ALUNG ADDRESS CITY HOFFMAN ESTATES ADDL INFO RE ORGANIZATION ORGANIZATION SHAPE JOHNSON ALUNG ADDRESS CITY HOFFMAN ESTATES AND #: SSN OR EIN ORGANIZATION ORGANIZATI	EBTOR'S EXACT FULL FGA NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a. ORGANIZATIONS NAME 1b. INDIVIDUAL'S LAST NAME JOHNSON ALONZO ALLING ADDRESS 2 SUTHERLAND PL. AX ID #: SSN OR EIN ORGANIZATION INDIVIDUAL IL DITTIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME FILST NAME JOHNSON ALUNG ADDRESS CITY STATE MIDDLE JOHNSON SHA'VN ADDL INFO RE 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF DR ANIZATION 2g. ORGANIZATION 2g. ORGANIZ	18. NORGANIZATION'S NAME JOHNSON ALONZO AILING ADDRESS 2 SUTHERLAND PL. AX ID #: SSN OR EIN ORGANIZATION DEBTOR ORGANIZATION ORGANIZATION'S NAME 20. INDIVIDUAL SLAST NAME FILST NAME FILST NAME FILST NAME FILST NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME FILST NAME SHA'VN AULING ADDRESS GITY STATE POSTAL CODE GOOGANIZATION ORGANIZATION DEBTOR ORGANIZATION AND DEBTOR ORGANIZATION DEBTOR ORGANIZATION AND DEBTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR INDIVIDUAL IL GO195 AX ID #: SSN OR EIN ORGANIZATION OF DRC ANIZATION ORGANIZATION ORGANIZATIO

This FINANCING STATEMENT	covers the	following	collateral;
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PURCHASE AND INSTALLATION OF NEW WINDOWS

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLER/BUYER	AG. LIEN NON-UCC FILING	G
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum		n the REAL 7, Check to REC [if applicable] [ADDITIONAL	DUEST SEARCH REPORT(S) on Debtor(s) FEEI [optional]	Ali Debtors Debtor 1 Debtor	2
8. OPTIONAL FILER REFERENCE DATA					



0334415161 Page: 2 of 2

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OLLOW INSTRUCTIONS 9. NAME OF EIRST DER	OP (4a as 4b) ON REL	JLL 1						
9. NAME OF FIRST DEBT 9a. ORGANIZATION'S NAME 9a. ORGANIZATION'S NAME	ME ON (TA OF TB) ON RELA	TED FINANCING S	TATEMENT					
	·· -							
OR 9b. INDIVIDUAL'S LAST NA	AME SIDET	NAME						
JOHNSON			MIDDLE	NAME, SUFFIX				
I0. MISCELLANEOUS:	ALC	ONZO						
OUMIOCETERIJEOUS:								
*	000							
	O ₄			ľ	THE ABOV	/E CDAO	- 10 - 0	
1. ADDITIONAL DEBTOR' 11a. ORGANIZATION'S NAM	S EXACT FULL LEGAL	VAME - insert only one	name (11a or 11b)	do not abbasis	THE ABOV	E SPACE	IS FOR FILING (OFFICE USE ONLY
11a. ORGANIZATION'S NAM	E J		Training (Training)	- do not apprevia	te or combine nar	nes		
R		0						
11b. INDIVIDUAL'S LAST NA	ME		FIRST NAME			TMIDD/ S	- ALABAT	
						MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS			CITY			1		
		0,	d			STATE	POSTAL CODE	COUNTR
I. TAX ID#: SSN OR EIN A	DO'L INFO RE 11e. TYPE	OF ORGANIZATION	17 "IRISDICTIO	ONOFORGANIS	ATION			
	RGANIZATION EBTOR			ON ON ONGANIZ	ATION	11g. OR	GANIZATIONAL ID#	, if any
ADDITIONAL SECUR	ED PARTY'S or	ASSIGNOD CODE						
12a. ORGANIZATION'S NAME		ASSIGNOR S/P'S	NAME - Sert U	y one name (12	2a or 12b)			
				//				· · · · · · · · · · · · · · · · · · ·
12b. INDIVIDUAL'S LAST NAM	4E		FIRST NAME	<u> </u>		_		
			D'INST NAME	· ///		MIDDLE	NAME	SUFFIX
MAILING ADDRESS			 			ĺ		
			CITY			STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT	covers timber to be cut	or [] as a second	10					
collateral, or is filed as a 🕡 f		or as-extracted	16. Additional coll	ateral description	n:	64		
Description of real estate:	v					4,		
PIN:07-07-202-108			1		`	1.0		
LEGAL: LOT 1-26-4	IN BARRINGTON	COLLABE	}			O	•	
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COUNTY, ILLINOIS							, C3	
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lame and address of a RECORU f Debtor does not have a record	interest):	ļ						
lame and address of a RECORU f Debtor does not have a record	interest):							
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lame and address of a RECORE f Debtor does not have a record	interest):	1	17. Check <u>only</u> if app Debtor is a ☐ Trust	of Truste	ok <u>only</u> one box.	oot to		<u> </u>
lame and address of a RECORU f Debtor does not have a record	interest):		Debtor is a Trust	or Truster	acting with resp	ect to prop	erty held in trust or	Decedent's Estat
lame and address of a RECORE f Debtor does not have a record	interest):		Debtor is a Trust 8. Check <u>only</u> if app	t or Truster	acting with resp k only one box.	ect to prop	erty held in trust or	Decedent's Estat
iame and address of a RECORI f Debtor does not have a record	interest):		8. Check <u>only</u> if app Debtor is a TRAN	or Truster Truster Truster Truster Truster	e acting with resp ok <u>only</u> one box.		erty held in trust or effective 30 years	Decedent's Estat

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