## UNOFFICIAL COPY

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UCC FINANCING STATEMENT					<b>Doc#: 0411239056</b> Eugene "Gene" Moore Fee: \$26.50				
FOLLOW INSTRUCTIO	NS (front and back) CARE	FULLY			Cook C	ounty Recorder of D	eeds		
	CONTACT AT FILER Jopti	onal]			Date: 0	4/21/2004 10:24 AM	1 Pg: 1 of 2		
	OR (813) 881-1988				34,0, -		•		
B. SEND ACKNOWLED	GMENT TO: (Name and	Address)							
l.S.P.C.									
6420 BENJA	MIN ROAD								
TAMPA, FLO	ORIDA 33634-5112								
			1						
<u> </u>	6		_	THE ABOVE SPA	ACE IS FOI	R FILING OFFICE USE (	ONLY		
1. DEBTOR'S EXACT	FULL LEGAL NAME - inse	t only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or cor	mbine names					
1a. ORGANIZATION'S	NAME								
OR 16. INDIVIDUAL'S LAS	TNAME	- 1	FIRST NAME		MIDDLE NAME		SUFFIX		
LEAUTAUD			JOSEFINA						
L 1c. MAILING ADDRESS		0	СПУ		STATE	POSTAL CODE	COUNTRY		
118 S HALE AVE			BARTLETT		IL	60103	us		
1d, TAX ID #: SSN OR EIN	ADD'L INFO RE 1e. TY	PE OF ORCANIZATION	1f. JURISDICTION OF ORGA	ANIZATION	1g. ORGA	NIZATIONAL ID #, if any			
X63530505760	OFBTOR		1				NONE		
		L NAME - insert only one	eh or name (2a or 2b) - do not a	abbreviate or combine r	names				
2a. ORGANIZATION'S									
OR ON INDIVIDUAL'S LAS	R 26. INDIVIDUAL'S LAST NAME		TFI IST NAME		MIDDLE NAME		SUFFIX		
20. INDIVIDUAL DE	20. INDIVIDUAL S CAST NAME								
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY			
			//×						
2d. TÄX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION   DEBTOR   I		2f. JURISDICTION OF OR ANIZATION		2g. ORGANIZATIONAL ID #, if any					
3 SECURED PARTY	'S NAME (or NAME of TOTA	AL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured	party name ("a or 3b)		· · ·			
3a. ORGANIZATION'S	NAME I.S.P.C.		· · · -	0,					
OR 35. INDIVIDUAL'S LAST NAME		FIRST NAME		M'DDLE NAME		SUFFIX			
					STATE	100STAL CODE	COUNTRY		
3c. MAILING ADDRESS			сту ТАМРА		FL	33634-5112	US		
6420 BENJAMIN			LUMILA		1 1	A			
	MENT covers the following co	llateral:							
WATER CONDITI	ONING SYSTEM					, ( )			

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. L	IEN NON-UCC FILING
6. X I FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [7 Check to REQUEST SEARCH REPORT(S) on Debtor(s) [7] All Debtor [8] All De	rs Debtor 1 Debtor 2
8 OPTIONAL FILER REFERENCE DATA	
COOK, IL I.S.P.C. FILE # 523276	

0411239056 Page: 2 of 2

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UCC FINANCING STAT						
	or 1b) ON RELATED FINANCING STAT	EMENT				
9a. ORGANIZATION'S NAME						
OR 96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME.SUFFIX	1			
LEAUTAUD	JOSEFINA					
10.MISCELLANEOUS:		<u> </u>	1			
COOK, IL I.S.P.C	C. FILE # 523276					
	O/X		THE ABOVE	SPACE I	S FOR FILING OFFICE	USE ONLY
11. ADDITIONAL DEBTOR'S EXAC	CT FULL LECAL NAME - insert only one na	ame (11a or 11b) - do not abbre	1			
11a. ORGANIZATION'S NAME	Ox			·		
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE I	NAME	SUFFIX
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INI ORGANIZ		 	NIZATION	11a. ORG	GANIZATIONAL ID#. if anv	[72]
DEBTOR						NONE
12. ADDITIONAL SECURED P.	ARTY'S or 🗶 ASSIGNOR S/P'S	NAME insert only one name	e (12a or 12b)			
I.S.F	P.C.	4				
OR 125. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS 6420 BENJAMIN ROAD		CITY	C	STATE	POSTAL CODE 33634-5112	COUNTRY
13. This FINANCING STATEMENT covers collateral, or is filed as a 14. Description of real estate.		16. Additional collateral desc	ription:			
PARCEL ID. 06 35 305 056 125.50FT OF LOT 8, UNIT SUBD., A SUBD LOTS 1 TO STONE AND COMPANY'S BARTLETT, A SUBD IN NE TWP 41 N RGE 9 E OF TH MERIDIAN, IN COOK COU	1, BARTLETT MANOR D 39, BLOCK 2 IN H.O. TOWN ADDITION TO : 1/4 OF SW 1/4 OF SEC 35 E 3RD PRINCIPAL			S (		
15. Name and address of a RECORD OV (if Debtor does not have a record inte JOSEFINA LEAUTAUD 118 S HALF AVENUE BARTLETT, IL 60103	NNER of above-described real estate rest);	17. Check only if applicable Debtor is a Trust or  18. Check only if applicable Debtor is a TRANSMITT	Trustee acting with me and check only one booking UTILITY	espect to p	property held in trust or	Decedent's Estate
		Filed in connection with				