

UNOFFICIAL COPY



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone: (800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)
510656 PRIMEACCEPT
UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071
6402084
IL IL
FIXTURE

File with: Cook+, IL

Doc#: 0429419095
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 10/20/2004 02:15 PM Pg: 1 of 2

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
OR		1b. INDIVIDUAL'S LAST NAME		CITY		COUNTRY	
1c. MAILING ADDRESS		STATE		POSTAL CODE		CITY	
7340 S. LAFAYETTE AVE.		IL		60621		CHICAGO	
1d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR		1e. TYPE OF ORGANIZATION		1f. JURISDICTION OF ORGANIZATION	
						1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
OR		2b. INDIVIDUAL'S LAST NAME		CITY		COUNTRY	
2c. MAILING ADDRESS		STATE		POSTAL CODE		CITY	
2d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR		2e. TYPE OF ORGANIZATION		2f. JURISDICTION OF ORGANIZATION	
						2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
OR		3b. INDIVIDUAL'S LAST NAME		CITY		COUNTRY	
3c. MAILING ADDRESS		STATE		POSTAL CODE		CITY	
200 W. JACKSON #720		IL		60606		CHICAGO	

4. This FINANCING STATEMENT covers the following collateral:
HOME CARPETING

5. ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] All Debtors Debtor 1 Debtor 2

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FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME			
OR	9b. INDIVIDUAL'S LAST NAME BROWN	FIRST NAME SANDRA	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS

6402084-41-1

510656 IPRIMEACCEPT

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

OR	11a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
	11b. INDIVIDUAL'S LAST NAME	CITY	STATE	POSTAL CODE	COUNTRY
11c. MAILING ADDRESS		11e. TYPE OF ORGANIZATION		11g. ORGANIZATIONAL ID #, if any	
11d. <u>SEE INSTRUCTION</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11f. JURISDICTION OF ORGANIZATION		<input type="checkbox"/> NONE	

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

OR	12a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
	12b. INDIVIDUAL'S LAST NAME	CITY	STATE	POSTAL CODE	COUNTRY
12c. MAILING ADDRESS					

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral or is filed as a fixture filing.

14. Description of real estate:

Description: NORTH 33 1/3 FT LOT 9 BLOCK 1-3 TABORS A DD TO EGGLESTON E25 AC SEC 28 N2S2NE 4 S28 T38N R14E 3P. Parcel ID: #20-28-221-039-0000

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.
Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

- Debtor is a TRANSMITTING UTILITY
- Filed in connection with a Manufactured-Home Transaction -- effective 30 years
- Filed in connection with a Public-Finance Transaction -- effective 30 years