

UNOFFICIAL COPY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



0527812003

Doc#: 0527812003 Fee: \$30.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/05/2005 09:43 AM Pg: 1 of 4

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	517037 AZUL BLUE
P.O. 1914-130-051-0000	
UCC Direct Services	6833595
P.O. Box 29071	ILIL
Glendale, CA 91209-9071	FIXTURE

File with: Cook+, IL

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						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
	SOLORZANO		JESUS			
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
3729 W. 58TH PLACE			CHICAGO	IL	60629	
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						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS			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						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
1701 S. FIRST AVE			MAYWOOD	IL	60153	

4. This FINANCING STATEMENT covers the following collateral:

One water condition serial number 77574C & one Reverse Osmosis serial Number 240255. Both completely installed with all attachments

5. ALTERNATIVE DESIGNATION [if applicable]	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input checked="" type="checkbox"/> 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]		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	

8. OPTIONAL FILER REFERENCE DATA

6833595

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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

SOLORZANO

FIRST NAME

JESUS

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS

6833595-40-1

517037 AZUL BLUE

00001

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTIONADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

 NONE12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NAME insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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

16. Additional collateral description:

14. Description of real estate:

Description: Primary Owner: SOLORZANO, JESUS & SOLORZANO, ORALIA Site Address: 3729 W 58TH PL Site City/State/Zip: CHICAGO/IL/60629-3903 State: ILLINOIS Mail Address: 3729 W 58TH PL Mail City/State/Zip: CHICAGO/IL/60629-3903 Assessor's Parcel Number/Tax ID: 1914-130-051-0000 Assessed Value: \$15,852.00 Use Description: SINGLE FAMILY RESIDENCE Legal Description: JAS H (CAMPBELLS) ADD TO (CHICAGO) SUB OF EX E 50 FT NW SEC 14-38-13 Property Details: Use Description: SINGLE FAMILY RESIDENCE State: ILLINOIS County/Municipality: COOK RTSQ: 13E-38N-14-NW Number Of Units: 1 Bathrooms: 1 Year Built: 1950 # Of Stories: 1 Lot Size: 3913 sq feet / 00.09 acres Square Feet: 1032 Additions - Square Feet: Roof Type: COMP SHINGLE Tax Information: Assessor's

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

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 Estate18. 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

UNOFFICIAL COPY**FINANCING STATEMENT ADDENDUM**

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

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME SOLORZANO	FIRST NAME JESUS	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS**6833595-40-1****517037 AZUL BLUE**

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11d. <u>SEE INSTRUCTION</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
			11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

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

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

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

16. Additional collateral description:**14. Description of real estate:**

Parcel Number/Tax ID: 1914-130-051-0000 Assessed Total: \$15,852.00 Tax Amount: \$2,532.60 Land Total: \$2,254.00 Tax Status: Current Improvement: \$13,598.00 Percentage Improvement: 86 Tax Rate Area: 72014 Sale Information: Last Sale Date: August 21, 1997 Document Number: 0000613817 Sale Value: \$117,000.00 Last Transaction W/O \$ Doc: Cost / Square Feet: \$113.00 Property History: Transaction: Buyer / Borrower: SOLORZANO, JESUS & SOLORZANO, ORALIA Seller Name: MACIAS, EFRAIN Lender Name: OPTION ONE MORTGAGE CORP Transfer Date: November 22, 2004 Transaction Type: Re-Finance / Equity Document Number: 0432746100 1st Loan Amount: \$65,000.00 Loan Type: Conventional Intrest Rate Type: Variable Deed Type: Quit Claim 2nd Loan Amount: \$0.00 Transaction: Buyer /

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

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

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ADD'L INFO RE ORGANIZATION DEBTOR				11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

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

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

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

16. Additional collateral description:

14. Description of real estate:

Borrower: SOLORZANO, JESUS & SOLORZANO, ORALIA
 Lender Name: NEIGHBORHOOD SVC Title Company;
 CHICAGO TITLE Transfer Date: May 6, 1999 Transaction
 Type: Re-Finance / Equity Document Number: 0099438286
 1st Loan Amount: \$10,000.00 Loan Type: Conventional
 Intrest Rate Type: Fixed 2nd Loan Amount: \$0.00. Parcel
 ID: 1914-130-051-0000

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

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 Estate18. Check only if applicable and check only one box.

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