UNOFFICIAL COMMISSION

Doc#: 0615817049 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 06/07/2006 01:15 PM Pg: 1 of 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Please return copy to:

CT CORPORATION SYSTEMS/UCC

Attn: Jeanie Parscal

1350 Treat Blvd. Suite 100

Walnut Creek CA 94597-2152

800-874-8320 Ref#

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1.	DEBTOR'S EXACT FULL EGAL	NAME - insert only one debtor name	(1a or 1b) - do not abbreviate or combine na	ames			
	1a. ORGANIZATION'S NAME	0					
OR	16. INDIVIDUAL'S LAST NAME	//x	FIRST NAME	MIDDLE	NAMF	SUFFIX	
	FORD		Patricia	A		Joseph	
1c.	I MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
	8737 South Harvard Aven	ıe	Chicago	IL	60620	USA	
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF OF JANIZ ATION			1f. JURISDICTION OF ORGANIZATION	1g. ORGA	1g. ORGANIZATIONAL ID #, if any		
	ORGANIZA DEBTOR	TON		i		NONE	
2.	ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - inserce ruly	ne debtor name (2a or 2b) - do not abbrevia	te or combine nar	nes		
	2a. ORGANIZATION'S NAME	9	4				
OR	OF INDUSTRIALIC LACT MAKE			1		SUFFIX	
2b. INDIVIDUAL'S LAST NAME			FIF ST NA./IE	MIDDLE	MIDDLE NAME		
2c	. MAILING ADDRESS	E 1 10 10 10 10 10 11 1	CITY	STATE	POSTAL CODE	COUNTRY	
			90	JIAIL	TOSTAL CODE	:	
2d	TAX ID #: SSN OR EIN ADD'L INFO	RE 2e TYPE OF ORGANIZATION	2f. JURISDICTION OF CREANIZATION	2a. ORG/	 ANIZATIONAL ID #, if an	!	
	ORGANIZA DEBTOR	rion '				, NONE	
3.	SECURED PARTY'S NAME (or	NAME of TOTAL ASSIGNEE of ASSIG	NOR S/P) - insert only one secure party na	me (3a or 3b)	V.		
	33. ORGANIZATION'S NAME						
OR	Sierra View Holdings Inc.						
	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
_			· · · · · · · · · · · · · · · · · · ·	2,1	,		
30	MAILING ADDRESS		CITY	SW/E	POSTAL CODE	COUNTRY	
	C/O 9969 River Way		Delta	BC	V4G 1M8	Canada	

This FINANCING STATEMENT covers the following collateral:

THIS FIXTURE FILING COVERS A ROOFING SYSTEM AND IS TO BE RECORDED IN THE REAL ESTATE RECORDS OF COOK COUNTY, IL.

COUNTY: Cook

SITUS/ADDRESS: 8737 South Harvard Avenue, Chicago, IL 60620

PARCEL #: 25-04-202-002-0000 CONVEYS: Trustee's Deed DOCUMENT #: 00899041

LEGAL: THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN COOK COUNTY, ILLINOIS, TO-WIT: LOT 20 IN THE BLOCK 2 IN JAMES A. STODDARD'S SUBDIVISION OF PART OF THE SOUTH 3/4 OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 4, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

5. ALTERNATIVE DESIGNATION [if applicable		EE/CONSIGNOR BAILEE/BAILO	OR SELLER/BUY	ER AG. LII	EN NON-UCC FILING
6. X This FINANCING STATEMENT is to be fi ESTATE RECORDS. Attach Addendum	iled [for record] (or recorded) in the REAL lif applicab	7. Check to REQUEST SEARCH R [ADDITIONAL FEE]	REPORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8, OPTIONAL FILER REFERENCE DATA	LOAN NO: ILIL06009-RC	665	, 1 5 5 U	- ĵ	

0615817049 Page: 2 of 2

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UCC FINANCING			UM		1			
9a. ORGANIZATION'S NAME	OR (1a or 1b) ON		G STATE	MENT				
OR	A A AF	FIRST NAME		MIDDLENAME.SUFFI)	_			
FORD		Patricia		A	Ì			
10. MISCELLANEOUS:					1			
	000				THE ABOV	/E SDACE	: IS FOR FILING OFF	ICE LISE ONLY
11. ADDITIONAL DEBTOR 11a. ORGANIZATION'S NA		LEGAL NAME - insert o	nly <u>one</u> nam	ne (11a or 11b) - do not	_		13 FOR FILING OFF	ICE USE ONL1
OR 11b. INDIVIDUAL'S LAST N	NAME	0,	FIRS	T NAME	- ·- ····	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		<u>C</u>	CITY			STATE	POSTAL CODE	COUNTRY
	ADD'L INFO RE 1 ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZAT	TICN 11f. J	URISDICTION OF ORC	GANIZATION	11g. ORG	 . ANIZATIONAL ID #, if an	y None
12. ADDITIONAL SECU 12a. ORGANIZATION'S NA		S or ☐ ASSIGNOR	S/P'S (AME - insert only one	name (12a or 12b)			•
OR 12b. INDIVIDUAL'S LAST N	NAME		FIRS	T NAME		MIDDLE	NAME	SUFFIX
: 12c. MAILING ADDRESS			CITY	5		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEM	MENT covers timb	per to be cut or as-extra	acted 16	Additional collateral de	scription		****	
collateral, or is filed as a	_	_				FSCRI	BED REAL EST	ATE.
14. Description of real estate:	_						NOIS, TO-WIT	
COUNTY: Cook							A. STODDARD	
SITUS/ADDRESS		Harvard Avenue,					UT11 3/4 OF TH	
Chicago, IL 60620							AST 1/4 OF SEC	
PARCEL #: 25-04- CONVEYS: Truste		0					EAST OF THE T OUNTY, ILLIN	
CONVETS. Husia	ee s Deed		; I K	NOIFAL MILK	IDIAN, IN C	OOKC	OUNT , ILLIN	OIS.
DOCUMENT #: 00	0899041							
15. Name and address of a RE (If Debtor does not have a	ECORD OWNER of a record interest):	above-described real estate	e !					
			17 /	Check only if applicable	and chart calls	no hov		
							property held in trust or	Decedent's Estate
				Check only if applicable			oporty and a must or	2000doing Estate
			_	ebtor is a TRANSMITTI		'		
			F	led in connection with a	Manufactured-Ho	ne Transact	ion — effective 30 years	
			Fi	led in connection with a	Public-Finance Tr	ansaction –	- effective 30 years	

FILING OFFICE COPY --- NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98) NATUCC1 - 5/4/01 C T System Online