UNOFFICIAL COMMUNICATION OF THE PROPERTY OF TH

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

4. This FINANCING STATEMENT covers the following collateral:

Purchase and Installation of home improvement

Doc#: 0616422012 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 06/13/2006 10:36 AM Pg: 1 of 2

THE ABOVE SPACE I		ACE IS FOR FILING OFFICE USE ONLY	IS FOR FILING OFFICE USE ONLY	
1. DEBTOR'S EXACT FULL LEGA . N/ ME - insert only one_debtor name (1a	or 1b) - do not abbreviate or combine nam	es	·	
1a. ORGANIZATION'S NAME OR				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
STOKES-JOHNSON	T			
7337 S WINCHESTER	CHICAGO	IL POSTAL CODE 60636	COUNTRY	
1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on the	btur name (2a or 2b) - do not abbreviate o	r combine names		
2a. ORÇANIZATION'S NAME OR				
2b, INDIVIDUAL'S LAST NAME	FIRST WANTE	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY	
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF O' GANIZATION	2g. ORGANIZATIONAL ID #, if any		
ORGANIZATION DEBTOR			NONE	
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only one_ secured rarty na	me (3a or 3b)		
39 ORGANIZATION'S NAME CITIZENS FINANCE COMPANY	C)	7,		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	N IDDLE NAME	SUFFIX	
36 MAII ING ADDRESS 188 INDUSTRIAL DR STE 128	ELMHURST	STAT PUSTAL CODE	COUNTRY	

TO THE PERIOD AT TON HE profite block	SEE/LESSOR CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLER/BUYER	R AG. LIEN NON-UCC FILING
5. ALTERNATIVE DESIGNATION [if applicable] LESS 6. X This FINANCING STATEMENT is to be filed (for re	cord] (or recorded) in the REAL 7. Check to I	REQUEST SEARCH REPORT(S) on Debtor(s)	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	fif applicable ADDITIO	NAL FEEI	
8595880	Stokes-Johnson	326060854	Demond by LICC Direct Services P.O. Box 290

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/ENT		
MIDDLE NAME, SUFFIX		
	THE ABOVE SPACE IS FOR FILING OF	FICE USE ONLY
name (11a or 11b) - do not abbrev	viate or combine names	
FIRST NAME	MIDDLE NAME	SUFFIX
CITY	STATE POSTAL CO	ODE COUNTRY
11f. JURISDICTION OF ORGANIZA	ATION 11g. ORGANIZATION	IAL ID#, if any
IAME - Inserconly one name (12a	a or 12b)	
45		
FIRST NAME	MIDDLE NAME	SUFFIX
CITY	STATE POSTAL C	ODE COUNTRY
16. Additional collateral description	n:	
	2)	
		5
		A*
17. Check only if applicable and	check only one box.	
Debtor is a Trust or Trus	stee acting with respect to property held in	trust or Decedent's Estate
18. Check only if applicable and		
Debtor is a TRANSMITTING	S UTILITY lanufactured-Home Transaction effective	: 30 years
	FIRST NAME CITY Jurisdiction of organization organization of organization of organization organization of organization organizati	CITY STATE POSTAL CO Inf. JURISDICTION OF ORGANIZATION 11g. ORGANIZATION IAME - Insert only one name (12a or 12b) FIRST NAME MIDDLE NAME CITY STATE POSTAL CO 16. Additional collateral description: