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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)

UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071

ILIL
FIXTURE

Doc#: 0631922016 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 11/15/2006 09:58 AM Pg: 1 of 2

fille with: CC IL COOK+, IL					THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
1. DI	EBTOR'S EXACT FU	LL LEGAL N ME -	insert only one debtor name (1	a or 1b) - do not ab	breviate or combine nar	nes				
	1a. ORGANIZATION'S NAME									
OR	1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX		
	SALINAS			MARIA			<u> </u>			
1c. M	10. MAII ING ADDRESS 6201 S. KARLOV AVE		CHICAGO		STATE	60629	COUNTRY			
1d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGA (IZATI)N	1f. JURISDICTION	OF ORGANIZATION	1g. ORG	SANIZATIONAL ID#, if an	NONE		
2. A	DDITIONAL DEBTOR	R'S EXACT FULL LI	EGAL NAME - insert only or e_r	r abtor name (2a or	2b) - do not abbreviate o	or combine na	imes			
	2a. ORGANIZATION'S	NAME		τ_{\bigcirc}						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX			
2c. N	L IAILING ADDRESS	·		CITY	Dx.	STATE	POSTAL CODE	COUNTRY		
_	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION		OF C PSANIZATION		SANIZATIONAL ID#, if an	yNONE		
3. S			TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert onl	y one secured rarty na	me (3a or 3b)			
	PRIME ACC	DEPTANCE	CORP.		C)	7,				
OR	3b. INDIVIDUAL'S LAS	T NAME		FIRST NAME		/ _M DDLE	NAME	SUFFIX		
200 WEST JACKSON BLVD. #720			CHICAG	0	STATE	POSTAL CODE	COUNTRY			

4. This FINANCING STATEMENT covers the following collateral:

WATER TREATMENT SYSTEM Parcel ID: 19-15-429-001-0000

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

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

8. OPTIONAL FILER REFERENCE DATA

426-04-1151

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0	NANCING STATEME	NT ADDENDUM						
. 1	NAME OF FIRST DEBTOR (1a or 1b) 9a. ORGANIZATION'S NAME	ON RELATED FINANCING STATEM	IENT					
R	96 INDIVIDITAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX					
	SALINAS	MARIA						
).	MISCELLANEOUS							
6	43914-IL-31							
2	656 PRIME ACCEPTAN 6-04-1151 e with: CC IL Cook+, IL							
	/	<u> </u>			S FOR FILING OFFICE US	E ONLY		
1.	ADDITIONAL DEBTOR'S EXACT FU	LL LF GN NAME - insert only one r	name (11a or 11b) - do not a	bbreviate or combine nan	nes			
₹								
•	11b. INDIVIDUAL'S LAST NAME	Ojc	FIRST NAME		DLE NAME	SUFFIX		
С	MAILING ADDRESS		CITY	STA	TE POSTAL CODE	COUNTRY		
ld	. <u>SEE INSTRUCTION</u> ADD'L INFO F ORGANIZATI		11f, JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID #, if any			
	DEBTOR					NON		
2. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P's NAME insert only one name (12a or 12b)								
t			40					
•	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MID	DLE NAME	SUFFIX		
c.	. MAILING ADDRESS		CITY	STA	TE POSTAL CODE	COUNTRY		
	This FINANCING STATEMENT covers collateral or is filed as a X fixture filing	timber to be cut or as-extracted	16. Additional collateral desc	ription:				
				7.0				
	Description of real estate:			0				
U/4 CR	escription: LEGAL LOT 39 IN IBDIVISION OF THE SOUTH I OF THE SOUTHEAST 1/4 C DWNSHIP 38 NORTH, RANG RINCIPAL MERIDIAN, IN COC rcei ID: 19-15-429-001-0000	1/2 OF THE SOUTHEAST OF SECTION 15 E 13 EAST OF THE THIRD						
				•				
. 1	Name and address of a RECORD OWNER (
	(if Debtor does not have a record interest):	:						
			17. Check only if applicable at Debtor is a Trust or 1		property held in trust or	Decedent's Estat		
			18. Check only if applicable a					
l'i			Debtor is a TRANSMITTI					
			1					
			Filed in connection with a	Manufactured-Home Transa	ction effective 30 years	÷		