

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 6	62-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	10656 PRIME ACCEPTAN
UCC Direct Services	9495420
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE
File with: CC IL Co	ok+. IL

Doc#: 0632015055 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 11/16/2006 10:43 AM Pg: 1 of 2

	Pile With. CC it Cook+, it		THE ABOVE SPACE IS FOR I	FILING OFFICE USE ONLY	
1. D	EBTOR'S EXACT FULL LEGAL WARE - insert only one debtor n	ame (1a or 1b) - do not abbreviate	or combine names		
OR	1a. ORGANIZATION'S NAME				
UK	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
	NUNEZ	MARIA	E		
	ANI ING ADDRESS 35 EVERGREEN AVE	HANOVER PA	ARK IL	60133-3662	COUNTRY
1d. <u>S</u>	ADD'L INFO RE ORGANIZATION DEBTOR	ON 1f. JURISDICTION OF ORGA	ANIZATION 1g. OR	GANIZATIONAL ID #, if any	NONE
2 A	DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only	y 0.36 et (or name (2a or 2h) - do :	not abbreviate or combine	nampe	
٤. ٨	2a. ORGANIZATION'S NAME	y <u>o. – de Joi Hairie (2a oi 25) - do i</u>	not apple viale of combine	ilailies	
	2a. Organization 5 Name				
OR	26 INDIVIDI IAL'S LAST NAME NUNEZ	NESTOR	A MIDDLE	NAME	SUFFIX
	aaling address 35 EVERGREEN AVE	HANOVER. PA	ARK IL	POSTAL CODE 60133-3662	COUNTRY
2d. <u>\$</u>	ADD'L INFO RE 26. TYPE OF ORGANIZAT ORGANIZATION DEBTOR	ION 2f. JURISDICTION OF CRG/	ANIZATION 2g. OR	GANIZATIONAL ID #, if any	NONE
3. S	ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of A	SSIGNOR S/P) - insert only <u>one</u> se	cured ρε ty name (3a or 3	b)	
OB	PRIME ACCEPTANCE CORP.		74,		
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	N 'C DLE	NAME	SUFFIX
	O WEST JACKSON BLVD #720	CHICAGO	STATE IL	150506	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

WHOLE HOUSE WATER TREATMENT SYSTEM

06-36-213-017-0000

		9
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) ESTATE RECORDS. Attach Addendum	in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [If applicable] [ADDITIONAL FEE] [Joptional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		
9495420	610062120	

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## **UNOFFICIAL COPY**

FINANCING STATEME FOLLOW INSTRUCTIONS (front and both	ack) CAREFULLY	IAI			•	
9. NAME OF FIRST DEBTOR (1a or 1b		STATEMENT	1			
9a. ORGANIZATION'S NAME			· .			•
OR 96 INDIVIDUAL'S LAST NAME NUNEZ	FIRST NAME MARIA	MIDDLE NAME, SUFFIX	<u>.</u>		:	•
10. MISCELLANEOUS						
9495420-IL-31						
10656 PRIME ACCEPTAN					,	0.0
310062120	•					
•	5					
le with: CC IL Cook+, IL	0		THE ABOVE	SPACE IS FOI	R FILING OFFICE USI	E ONLY
1. ADDITIONAL DEBTOR'S EXACT FI	ULL LEG'AL NAME - insert on	nly <u>one</u> name (11a or 11b) - do no				· · · · · · · · · · · · · · · · · ·
11a. ORGANIZATION'S NAME	<i>y</i>					
OR 11b. INDIVIDUAL'S LAST NAME	$$ $\Theta_{\times}$	FIRST NAME		MIDDLE	NAME	SUFFIX
THE HADINDOAL G DAG HARIE		FINOTAMIL		MIDDLE		001174
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
	· · · · · · · · · · · · · · · · · · ·					·
1d. <u>SEE INSTRUCTION</u> ADD'L INFO ORGANIZAT		TION 111f. JURISDICTION OF OR	GANIZATION	11g. OR	GANIZATIONAL ID#,	· —
DEBTOR			. :			NONE
2. ADDITIONAL SECURED PART	TY'S or ASSIGNOR S	S/P's NAME - Insart only one nam	ne (12a or 12b)			
12a. ORGANIZATION'S NAME		45				
R 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
						1
	<del> </del>					
2c. MAILING ADDRESS		СІТУ	0	STATE	POSTAL CODE	COUNTRY
·			C/0,	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers	<b>.</b>	tracted 16. Additional collateral de	scription:	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers collateral or is filed as a X fixture filing	<b>.</b>		scription:	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers collateral or is filed as a X fixture filing. 4. Description of real estate:	. L	tracted 16. Additional collateral de	scription:	Ś	) _	COUNTRY
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3. This FINANCING STATEMENT covers collateral or is filed as a X fixture filing 4. Description of real estate: Description: NORTH100 AC SIBP LEGAL LOT: 17 LEGAL BL06-36-213-017-0000 SUBDIVIS	EC36 NE4 S36 T41N R OCK: 2 APN: SION: HANOVER PAR	tracted 16. Additional collateral de	scription:	Ś	) _	COUNTRY
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13. This FINANCING STATEMENT covers collateral or is filed as a X fixture filing 14. Description of real estate:  Description: NORTH100 AC SI 3P LEGAL LOT: 17 LEGAL BL0 D6-36-213-017-0000 SUBDIVIS Parcel ID: 06-36-213-017-0000	EC36 NE4 S36 T41N R OCK: 2 APN: SION: HANOVER PARM)	tracted 16. Additional collateral de	and check <u>only</u> one to Trustee acting with and check <u>only</u> one to TING UTILITY	DOX. respect to proposition.	erty held in trust or	