

# UNOFFICIAL COPY



0708957048

Doc#: 0708957048 Fee: \$26.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 03/30/2007 10:54 AM Pg: 1 of 2

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>UCC COORDINATOR (813) 881-1988 *230</b>
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>I.S.P.C. 6420 BENJAMIN ROAD TAMPA, FLORIDA 33634-5119</b>

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 <b>SLOAN</b>	FIRST NAME <b>STEPHEN</b>	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS <b>300 S PARK RD</b>		CITY <b>LA GRANGE</b>	STATE <b>IL</b>	POSTAL CODE <b>605252127</b>	COUNTRY <b>US</b>
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any <input checked="" 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 <b>SLOAN</b>	FIRST NAME <b>ANDREA</b>	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS <b>300 S PARK RD</b>		CITY <b>LA GRANGE</b>	STATE <b>IL</b>	POSTAL CODE <b>605252127</b>	COUNTRY <b>US</b>
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input checked="" 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 <b>I.S.P.C.</b>					
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS <b>6420 BENJAMIN ROAD</b>		CITY <b>TAMPA</b>	STATE <b>FL</b>	POSTAL CODE <b>33634-5112</b>	COUNTRY <b>US</b>

4. This FINANCING STATEMENT covers the following collateral

**Water Conditioner Equipment**

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

6.  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) ADDITIONAL FEE [optional]  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA  
**COOK, IL I.S.P.C. FILE # 717851**

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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

9a. ORGANIZATION NAME

OR

9b. INDIVIDUAL'S LAST NAME

**SLOAN**

FIRST NAME

**STEPHEN**

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

**COOK, IL**

**ISPC FILE # 717851**

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FILING OFFICE COPY - UCC FINANCING STATEMENT (FORM UCC1)(REV. 05-22-02)

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

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

**SLOAN**

FIRST NAME

**ANDREA**

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

**300 S PARK RD**

CITY

**LA GRANGE**

STATE

**IL**

POSTAL CODE

**60525212**

COUNTRY

**US**

**7**

11d. TAX ID #: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

NONE

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

12a. ORGANIZATION'S NAME

**I.S.P.C.**

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

**6420 BENJAMIN ROAD**

CITY

**TAMPA**

STATE

**FL**

POSTAL CODE

**33634**

COUNTRY

**US**

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

14. Description of real estate:

PARCEL ID. 18 05 421 020 0000, LOT 1 AND THE N 28FT OF LOT 2 IN BLOCK 5 IN PARK ROAD ADDITION TO LAGRANGE IN THE E 1/2 OF THE SE 1/4 OF SEC 5 TWP 38N RGE 12E OF THE 3<sup>RD</sup> PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

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

**STEPHEN SLOAN  
ANDREA SLOAN  
300 S PARK RD  
LA GRANGE, IL 605252127**

16. Additional collateral description:

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

Debtor is a  Trust or  Trustee acting with respect to property held in trust  Decedent's Estate

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

Debtor is a TRANSMITTING UTILITY

Files in connection with a Manufactured-Home Transaction - effective 30 years

Filed in connection with a Public-Finance Transaction - effective 30 years