

UNOFFICIAL COPY



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	10698178
P.O. Box 29071	-II II
Glendale, CA 91209-9071	WEXTURE
	Je
File with: CC i Co	lokemil*/V/a, # 17/#

Doc#: 0708910065 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 03/30/2007 03:37 PM Pg: 1 of 2

File with: CC in Cooker, IL/Vision	THE ABOVE SP.	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
1. DEBTOR'S EXACT FULL LEG. L. AME - insert only on Mobile of		ames		
1a. ORGANIZATION'S NAME		•	_	
1b. INDIVIDUAL'S LAST NAME FREGOSA	FIRST NAME BEATRIZ	MIDDLE NAME	SUFFIX	
10 MAILING ADDRESS 3119 W 37TH PL	CHICAGO	STATE POSTAL CODE 60632	COUNTRY	
1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR		1g. ORGANIZATIONAL ID #, if any	NONE	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only a. ORGANIZATION'S NAME	c ne ← ehtor name (2a or 2b) - do not abbreviate	or combine names		
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY	
2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR		2g. ORGANIZATIONAL ID #, if any		
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNEE ACCEPTANCE CORP.	SSIGNOR S/P) - insert only <u>one</u> secured rarty n	amė (3a or 3b)		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
200 W JACKSON BLVD. SUITE 720	CHICAGO	STA'E FOSTAL CODE	COUNTRY	

4. This FINANCING STATEMENT covers the following collateral:

WATER TREATMENT SYSTEM

16-36-313-019-0000

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/L		BAILEE/BAILOR SELLER/BUYE	<u> </u>
6. This FINANCING STATEMENT is to be filed [for record]	(or recorded) in the REAL 7. Check to RE fif applicable	QUEST SEARCH REPORT(S) on Debtor(s) L FEE1 [optional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA			
10698178		626010397	

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FINANCING STATEMEI OLLOW INSTRUCTIONS (front and back	NT ADDENDUM				
NAME OF FIRST DEBTOR (1a or 1b) 19a. ORGANIZATION'S NAME	ON RELATED FINANCING STATEM	MENT			
95 INDIVIDUAL'S LAST NAME FREGOSA	FIRST NAME BEATRIZ	MIDDLE NAME, SUFFIX			
. MISCELLANEOUS					
)698178-IL-31					
0656 PRIME ACCEPTAN					
26010397					
ile with: CC IL Cook+, IL	0			E IS FOR FILING OFFICE U	ISE ONLY
1. ADDITIONAL DEBTOR'S EXACT FL	JLL LEG' L NAME - insert only one I	name (11a or 11b) - do not a	abbreviate or combine	names	
11a. ORGANIZATION'S NAME					
R 11b. INDIVIDUAL'S LAST NAME	0,5	FIRST NAME	,	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS	<u> </u>	CITY		STATE POSTAL CODE	COUNTRY
1d. <u>SEE INSTRUCTION</u> ORGANIZAT DEBTOR		11f. JURISDICTION OF ORG	ANIZATION	11g. ORGANIZATIONAL ID	#, if any
2. ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S/P's N	IAME. insert only one name	e (12a or 12b)		
12a. ORGANIZATION'S NAME		46			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		СІТУ	C_{λ}	STATE POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers collateral or is filed as a X fixture filir	timber to be cut or as-extracted	16. Additional collateral des	cription.		
14. Description of real estate:			0		
Description: SOUTH2 N2 SW- T39N R13E 3P PARCEL: 16-0 ID: 16-36-313-019-0000	4 SEC36 SW4SW4 S36 86-313-019-0000. Parcel			Office	
15. Name and address of a RECORD OWNE	R of above-described real estate				
(if Debtor does not have a record intere	st).	17. Check only if applicable Debtor is a Trust or	and check only one box. Trustee acting with response	ect to property held in trust	or Decedent's Esta
		18. Check only if applicable	· · · · · · · · · · · · · · · · · · ·		
		Debtor is a TRANSMIT	TING UTILITY		
		Filed in connection with	n a Manufactured-Home T	ransaction effective 30 ye	ars
		Filed in connection with	n a Public-Finance Transa	action effective 30 years	Direct Services Inc. P.O.