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Doc#: 0710306012 Fee: \$26.50  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 04/13/2007 09:07 AM Pg: 1 of 2

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
**UCC COORDINATOR (813) 881-1988 \*230**

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**I.S.P.C.  
 6420 BENJAMIN ROAD  
 TAMPA, FLORIDA 33634-5119**

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  
**MAJEWSKI**

FIRST NAME <b>JENNIFER</b>	MIDDLE NAME	SUFFIX
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1c. MAILING ADDRESS  
**16758 HAVEN AVE**

CITY <b>ORLAND HILLS</b>	STATE <b>IL</b>	POSTAL CODE <b>604876037</b>	COUNTRY <b>US</b>
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1d. TAX ID #: SSN OR EIN    ADDL INFO RE ORGANIZATION DEBTOR    1e. TYPE OF ORGANIZATION    1f. JURISDICTION OF ORGANIZATION    1g. ORGANIZATIONAL ID #, if any  
 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  
**MAJEWSKI**

FIRST NAME <b>ANTHONY</b>	MIDDLE NAME	SUFFIX
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2c. MAILING ADDRESS  
**16758 HAVEN AVE**

CITY <b>ORLAND HILLS</b>	STATE <b>IL</b>	POSTAL CODE <b>60487603</b>	COUNTRY <b>US</b>
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2d. TAX ID #: SSN OR EIN    ADDL INFO RE ORGANIZATION DEBTOR    2e. TYPE OF ORGANIZATION    2f. JURISDICTION OF ORGANIZATION    2g. ORGANIZATIONAL ID #, if any  
 NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNORE S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**I.S.P.C.**

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
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3c. MAILING ADDRESS  
**6420 BENJAMIN ROAD**

CITY <b>TAMPA</b>	STATE <b>FL</b>	POSTAL CODE <b>33634-5112</b>	COUNTRY <b>US</b>
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4. This FINANCING STATEMENT covers the following collateral

**Water Cond 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 # 722375**

5  
LM  
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117

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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

**MAJEWSKI**

FIRST NAME

**JENNIFER**

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

**COOK, IL**

**ISPC FILE # 722375**

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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

**MAJEWSKI**

FIRST NAME

**ANTHONY**

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

**16758 HAVEN AVE**

CITY

**ORLAND HILLS**

STATE

**IL**

POSTAL CODE

**60487603**

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. 27 27 105 040 0000, LOT 40 IN WESTHAVEN RESUB'D BEING A RESUB'D OF WESTHAVEN HOMES UNIT 1 AND WESTHAVEN UNIT NO. 2 IN THE N ½ OF SEC 27 TWP 36 RGE 12 E OF THE 3<sup>RD</sup> PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

16. Additional collateral description:

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

**JENNIFER MAJEWSKI  
ANTHONY MAJEWSKI  
16758 HAVEN AVE  
ORLAND HILLS, IL 604876037**

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

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

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