

## **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

File with: CC IL Cook+, IE

Doc#: 0731910019 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds
Date: 11/15/2007 09:38 AM Pg: 1 of 2

| THE ABOVE SPACE IS FOR FILING | OFFICE | USE ONLY |
|-------------------------------|--------|----------|
| e or combine names            |        |          |

| a or to) - do not appreviate or combine har  | 1169  |  |
|--|---|--|
|  |   | ,  |
| FIRST NAME                                   | MIDDLE NAME   | SUFFIX   |
| ISIDRO                                       |   | 1  |
| CICERO                                       | STATE POSTAL CODE 60804   | COUNTRY  |
| 1f. JURISDICTION OF ORGANIZATION             | 1g. ORGANIZATIONAL ID #, if an  | y NONE   |
| debtor name (2a or 2b) - do not abbreviate o | or combine names  |  |
|  |   |  |
| ERST NAME                                    | MIDDLE NAME   | SUFFIX   |
| CITY   | STATE POSTAL CODE   | COUNTRY  |
| 2f. JURISDICTION / F JRGANIZATION            | 2g. ORGANIZATIONAL ID #, if an  | y  |
| OR S/P) - insert only one_secured party na   | me (3a or 3b)   |  |
| 0/1  |   |  |
| FIRST NAME                                   | MIDDLE NAME   | SUFFIX   |
| CHICAGO                                      | TATE POSTAL CODE  | USA  |
|  | FIRST NAME ISIDRO CITY CICERO  1f. JURISDICTION OF ORGANIZATION  Jebtor name (2a or 2b) - do not abbreviate of the company of | FIRST NAME  ISIDRO  CITY CICERO  If. JURISDICTION OF ORGANIZATION  Jebtor name (2a or 2b) - do not abbreviate or combine names  FIRST NAME  MIDDLE NAME  CITY  STATE POSTAL CODE  2f. JURISDICTION OF ORGANIZATION  2g. ORGANIZATIONAL ID #, if an  DR S/P) - insert only one secured party name (3a or 3b)  FIRST NAME  MIDDLE NAME  MIDDLE NAME  CITY  STATE POSTAL CODE  MIDDLE NAME  MIDDLE NAME |

4. This FINANCING STATEMENT covers the following collateral:

WATER TREATMENT SYSTEM. Parcel ID: 16-32-414-030-0000

|   |  | , |
|---|--|---|
| 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 7. Check to REQUESTATE RECORDS. Attach Addendum [if apolicable] 7. Check to REQUESTATE RECORDS. | JEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 |   |
| 8. OPTIONAL FILER REFERENCE DATA  |  |   |
| 12629978  | 610000644  |   |

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## **UNOFFICIAL COPY**

| FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY   | ,                                  |                          |                                 |                   |
|---|------------------------------------|--------------------------|---------------------------------|-------------------|
| 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMED 9a ORGANIZATION'S NAME   | ENT                                |                          |                                 |                   |
| OR 9h INDIVIDUAL'S LAST NAME ISIDRO   | MIDDLE NAME, SUFFIX                |                          |                                 |                   |
| (10. MISCELLANEOUS  |                                    |                          |                                 |                   |
| 12629978-IL-31  |                                    |                          |                                 |                   |
| 10656 PRIME ACCEPTAN  |                                    |                          |                                 |                   |
| 610090544   |                                    |                          |                                 |                   |
| File with: CC IL Cook+, IL  |                                    | THE ABOVE SPA            | CE IS FOR FILING OFFICE USE     | ONLY              |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LF -AL NAME - insert only one_ n   | ame (11a or 11b) - do not a        |                          |                                 |                   |
| 11a. ORGANIZATION'S NAME  | <del> </del>                       |                          |                                 |                   |
| OR 11b. INDIVIDUAL'S LAST NAME  | FIRST NAME                         |                          | MIDDLE NAME                     | SUFFIX            |
| 11c. MAILING ADDRESS  | CITY                               |                          | STATE POSTAL CODE               | COUNTRY           |
| 11d. SEE INSTRUCTION ADD'L INFO RE 11e. TYPE OF ORGANIZATIO', ORGANIZATION DEBTOR   | 11f. JURISDICTION OF ORG           | SANIZATION               | 11g. ORGANIZATIONAL ID #, if a  | any NONE          |
| 12 ADDITIONAL SECURED PARTY'S Or ASSIGNOR S/P's NA 12a. ORGANIZATION'S NAME   | NVIE - insert only <u>one</u> name | e (12a or 12b)           |                                 |                   |
| OR 12b. INDIVIDUAL'S LAST NAME  | FIRST NAME                         |                          | MIDDLE NAME                     | SUFFIX            |
| 12c. MAILING ADDRESS  | CITY                               | 2                        | STATE POSTAL CODE               | COUNTRY           |
| This FINANCING STATEMENT covers timber to be cut or as-extracted collateral or is filed as a fixture filing.  | 16. Additional collateral desc     | cription                 |                                 |                   |
| 14. Description of real estate:   |                                    | 0,                       |                                 |                   |
| Description: LOT 11 IN BLOCK 15 IN FOURTH ADDITION TO BOULEVARD MANOR SUBDIVISION OF SECTION 32 TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PARCEL: 16-32-414-030-0000. Parcel ID: 16-32-414-030-0000 |                                    |                          | Office of the second            |                   |
|   |                                    |                          |                                 |                   |
| 15. Name and address of a RECORD OWNER of above-described real estate<br>(if Debtor does not have a record interest):   | 17. Check only if applicable a     | and check only one hov   |                                 |                   |
|   |                                    | <del></del>              | ct to property held in trust or | Decedent's Estate |
|   | 18. Check only if applicable a     | <del></del>              |                                 |                   |
|   | Debtor is a TRANSMITT              |                          | ansaction effective 30 years    |                   |
|   |                                    | a Public-Finance Transac |                                 |                   |