## **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)	17371 SERVICE FINANC
UCC Direct Services	ا 13470572
P.O. Box 29071 Glendale, CA 91209-9071	
File with: CC IL C	MAN JIAM JIAM

Doc#: 0805022116 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 02/19/2008 03:45 PM Pg: 1 of 2

File with: CC IL Cook+, IL THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
. DEBTOR'S EXACT FULL LEG AL AME - insert only one debtor name (	1a or 1b) - do not abbreviate or combine nar	nes		
1a. ORGANIZATION'S NAME				
R 15. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
PRICE	CAROLYN	<u>L</u>	l	
IC MAILING ADDRESS 1047 S MASON AVE	CHICAGO	STATE POSTAL CODE 60644	USA	
Id. SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only ine	lehtor name (2a or 2b) - do not abbreviate	or combine names		
2a. ORGANIZATION'S NAME	TO			
PRICE	ANTEONY	MIDDLE NAME L	SUFFIX	
2c. MAILING ADDRESS 1047 S MASON AVE	CHICAGO	STATE POSTAL CODE  1L 60644	USA	
2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEPTOR	2f. JURISDICTION OF CASANIZATION	2g. ORGANIZATIONAL ID #, if any	NONE	
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	NOR S/P) - insert only one secured party na	me (3a or 3b)		
DB50 HVAC 2005-1 TRUST C/O SERVI	CE FINACE CO	<b>4</b> ,		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
30 MAILING ADDRESS 1956 NE 5TH AVE # 8	BOCA RATON	STATE   POSTAL CODE FL 12.3431	USA	

4. This FINANCING STATEMENT covers the following collateral:

REMODELING LOAN AMOUNT: \$5,960.00

Parcel ID: 16-17-406-015

ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be filed [for record] (or record	ded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2
ESTATE RECORDS. Attach Addendum	[if applicable] [ADDITIONAL FEE] [optional]
B. OPTIONAL FILER REFERENCE DATA	40000541077

13470572

1869054167

0805022116 Page: 2 of 2

## UNOFFICIAL COPY

NAME OF FIRST DEBTOR (Ta of Tb)	ON RELATED FINANCING STATE	EIVIEIN I			
9a. ORGANIZATION'S NAME					
R 96 INDIVIDUAL'S LAST NAME PRICE	CAROLYN	MIDDLE NAME, SUFFIX			
0. MISCELLANEOUS					
3470572-IL-31					
7371 SERVICE FINANC					
18690541677					
File with: CC IL Cook+, IL			THE ABOVE SPACE IS FOR	FILING OFFICE US	E ONLY
1. ADDITIONAL DEBTOR'S EXACT FU	JLL I _G^_ NAME - insert only one	e name (11a or 11b) - do not ab	breviate or combine names		
OR 11b. INDIVIDUAL'S LAST NAME	0,5	FIRST NAME	MIDDLE 1	NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTION</u> ADD'L INFO ORGANIZAT DEBTOR		11f. JURISDICTION OF ORGA	NIZATION 11g. OR	GANIZATIONAL ID #	, if any
12. ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	TY'S or ASSIGNOR S/P's	NAME - insert only one name	(12a or 12b)		
DR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
12c MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers	timber to be cut or as-extracte	d 16. Additional collateral descr	iption.	<u> </u>	
collateral or is filed as a X fixture filir  14. Description of real estate:			Tó		
Description: PARCEL#: 16-17 1045 \$ MASON AVE CHICAG 16-17-SE SUBDIVISION: WILL SEC/TWNSHIP/RANGE: SEC CITY/MUNI/TWP: WEST CHIC	O, IL 60644 MAP REF: LIAM HIGGINS PARK ADD 17 TWN 39N RNG 13E CAGO DISTRICT: 77 BLOO	N		Tr. Co	
15. Name and address of a RECORD OWNE (if Debtor does not have a record intere	ER of above-described real estate est):	17. Check only if applicable	and check only one box.		
		Debtor is a Trust or	Trustee acting with respect to pro-	operty held in trust	or Decedent's Estat
		18. Check only if applicable  Debtor is a TRANSMIT			