

# UNOFFICIAL COPY



0934534054

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Doc#: 0934534054 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 12/11/2009 11:41 AM Pg: 1 of 3

A. NAME & PHONE OF CONTACT AT FILER [optional]  
**UCC COORDINATOR (813) 490-3400 \*1853**

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**I.S.P.C.  
PO BOX 580  
ODESSA, FLORIDA 33556-0580**

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 **SISSON** FIRST NAME **CHARLES** MIDDLE NAME SUFFIX

1c. MAILING ADDRESS **159 E HILLSIDE RD** CITY **BARRINGTON** STATE **IL** POSTAL CODE **600104753** COUNTRY **US**

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  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 **SISSON** FIRST NAME **REBECCA** MIDDLE NAME SUFFIX

2c. MAILING ADDRESS **159 E HILLSIDE RD** CITY **BARRINGTON** STATE **IL** POSTAL CODE **600104753** COUNTRY **US**

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

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS **PO BOX 580** CITY **ODESSA** STATE **FL** POSTAL CODE **33556-0580** COUNTRY **US**

4. This FINANCING STATEMENT covers the following collateral

**RO Equipment, 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 # 920921**

E  
9-1  
M-10  
P-3  
N-7

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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	FIRST NAME	MIDDLE NAME, SUFFIX
	<b>SISSON</b>	<b>CHARLES</b>	
10. MISCELLANEOUS:			
<b>COOK, IL                      ISPC FILE # <u>920921</u></b>			
			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

FILING OFFICE COPY – UCC FINANCING STATEMENT (FORM UCC1)(REV. 05-22-02)				
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only <u>one</u> debtor name (11a or 11b) – do not abbreviate or combine names				
11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	<b>SISSON</b>	<b>REBECCA</b>		
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE      COUNTRY
<b>159 E HILLSIDE RD</b>		<b>BARRINGTON</b>	<b>IL</b>	<b>60010475</b> <b>US</b>
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
				<input checked="" type="checkbox"/> NONE
12. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S or <input checked="" type="checkbox"/> ASSIGNOR S/P'S NAME – insert only <u>one</u> debtor name (12a or 12b)				
12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE      COUNTRY
13. This FINANCING STATEMENT covers <input type="checkbox"/> timber to be cut or <input type="checkbox"/> as-extracted collateral, or is filed as a <input checked="" type="checkbox"/> fixture filing.		16. Additional collateral description:		
14. Description of real estate:				
<b>SEE EXHIBIT "A" ATTACHED</b>				
15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):		17. Check <u>only</u> if applicable and check <u>only</u> one box.		
<b>CHARLES SISSON</b>		Debtor is a <input type="checkbox"/> Trust or <input type="checkbox"/> Trustee acting with respect to property held in trust <input type="checkbox"/> Decedent's Estate		
<b>REBECCA SISSON</b>		18. Check <u>only</u> if applicable and check <u>only</u> one box.		
<b>159 E HILLSIDE RD</b>		<input type="checkbox"/> Debtor is a TRANSMITTING UTILITY		
<b>BARRINGTON, IL 600104753</b>		<input type="checkbox"/> Filed in connection with a Manufactured-Home Transaction – effective 30 years		
		<input type="checkbox"/> Filed in connection with a Public-Finance Transaction – effective 30 years		

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## CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1409 ST5095052 ZNC  
 STREET ADDRESS: 159 E HILLSIDE ROAD  
 CITY: BARRINGTON COUNTY: COOK  
 TAX NUMBER: 02-06-402-004-0000

*15PC  
920921*

### LEGAL DESCRIPTION:

LOT 109 IN BARRINGTON HILL-CREST ACRES THIRD ADDITION, BEING A SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF SECTION 5 AND THE SOUTH 1/2 OF SECTION 6, TOWNSHIP 42 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED IN THE RECORDER'S OFFICE OF COOK COUNTY, ILLINOIS ON AUGUST 5, 1957 AS DOCUMENT 16976975 AND FILED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS ON AUGUST 5, 1957 AS DOCUMENT LR 1752092 AND AS CORRECTED BY AFFIDAVIT RECORDED IN THE RECORDER'S OFFICE ON DECEMBER 20, 1957 AS DOCUMENT 17094506 & REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS AS DOCUMENT LR 1774712.

*PROPERTY of Cook County Clerk's Office*