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Doc#: 1122439048 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/12/2011 10:32 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) 490-3400 *1853 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) I.S.P.C. PO BOX 580 ODESSA, FLORIDA 33556-0580 |

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| | | | | | | |
|---|---|--------------------------|----------------------------------|--------------------|---|----------------------|
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names | | | | | | |
| 1a. ORGANIZATION'S NAME | | | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME CLAY | | FIRST NAME ROBERT | MIDDLE NAME | SUFFIX | |
| 1c. MAILING ADDRESS 27 E 120TH ST | | | CITY CHICAGO | STATE IL | POSTAL CODE 606286145 | 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 <input checked="" type="checkbox"/> NONE | |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names | | | | | | |
| 2a. ORGANIZATION'S NAME | | | | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 2c. MAILING ADDRESS 27 E 120TH ST | | | CITY CHICAGO | STATE IL | POSTAL CODE 606286145 | 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 <input checked="" type="checkbox"/> NONE | |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNORE S/P) - insert only <u>one</u> 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

ROOF INSTALLATION

S yes
P 2
S /
M No
SC yes
E yes
INT 2

| | |
|---|--|
| 5. ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING | |
| 6. <input checked="" type="checkbox"/> 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] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA COOK, IL I.S.P.C. FILE # 982350 | |

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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 |
| | CLAY | ROBERT | |
| 10. MISCELLANEOUS: | | | |
| COOK, IL ISPC FILE # <u>982350</u> | | | |

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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 | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 11c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| 27 E 120TH ST | | CHICAGO | IL | 60628614 | US |
| | | | | 5 | |
| 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. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME – insert only one 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 timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

LOT 32 IN THE SUB'D OF THE N ½ OF BLOCK 10 IN THE FIRST ADDITION TO KENSINGTON IN SEC 27 TWP 37 N RGE 14 E OF THE 3RD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS
 TAX ID 25 27 109 013 0000 ✓
 PIN# 25 27 109 013 0000 ✓

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):

ROBERT CLAY
 27 E 120TH ST
 CHICAGO, IL 606286145

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
- Files in connection with a Manufactured-Home Transaction – effective 30 years
- Filed in connection with a Public-Finance Transaction – effective 30 years