

# UNOFFICIAL COPY



1226518068

Doc#: 1226518068 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/21/2012 01:26 PM 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**

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**ISPC  
1115 GUNN HWY STE 100  
ODESSA FL 33556-5324**

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               |             | FIRST NAME | MIDDLE NAME | SUFFIX |
|                          |                                   |                          |                                  |                 |  | VILLAMIL                                 |             | SANDRA     |             |        |
| 1c. MAILING ADDRESS      |                                   |                          |                                  | CITY            |  | STATE                                    | POSTAL CODE | COUNTRY    |             |        |
| 4118 JODY CT             |                                   |                          |                                  | ROLLING MEADOWS |  | IL                                       | 600082300   | 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 one 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      |                                   |                          |                                  | CITY            |  | STATE                                    | POSTAL CODE | COUNTRY    |             |        |
| 4118 JODY CT             |                                   |                          |                                  | ROLLING MEADOWS |  | IL                                       | 600082300   | 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 one secured party name (3a or 3b)

|                         |  |  |  |        |  |                            |             |            |             |        |
|-------------------------|--|--|--|--------|--|----------------------------|-------------|------------|-------------|--------|
| 3a. ORGANIZATION'S NAME |  |  |  | OR     |  | 3b. INDIVIDUAL'S LAST NAME |             | FIRST NAME | MIDDLE NAME | SUFFIX |
| ISPC                    |  |  |  |        |  |                            |             |            |             |        |
| 3c. MAILING ADDRESS     |  |  |  | CITY   |  | STATE                      | POSTAL CODE | COUNTRY    |             |        |
| 1115 GUNN HWY STE 100   |  |  |  | ODESSA |  | FL                         | 33556-5324  | US         |             |        |

4. This FINANCING STATEMENT covers the following collateral

**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) [optional]  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA  
**COOK, IL ISPC FILE # 1002219**

S Yes  
P 2  
S NO  
M NO  
SC Yes  
E Yes  
INT

**UNOFFICIAL COPY****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

VILLAMIL

SANDRA

**10. MISCELLANEOUS:**

COOK, IL

ISPC FILE # 1002219

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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**

4118 JODY CT

CITY

ROLLING MEADOWS

STATE

IL

POSTAL CODE

60008230

COUNTRY

US

0

**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

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:

**16. Additional collateral description:**

PARCEL ID. 02 35 200 083 0000, LOT 8 IN  
GETTYSBURG ESTATES UNIT II, BEING A  
SUB'D OF PT OF THE NW ¼ OF THE NE ¼ OF  
SEC 35 TWP 42 N RGE 10 E OF 3<sup>RD</sup>  
PRINCIPAL MERIDIAN IN COOK COUNTY  
ILLINOIS

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

SANDRA VILLAMIL  
4118 JODY CT  
ROLLING MEADOWS, IL 600082300

**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