

# UNOFFICIAL COPY

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS



\*1708022005\*

Doc# 1708022005 Fee \$40.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/21/2017 10:06 AM PG: 1 OF 2

A. NAME & PHONE OF CONTACT AT FILER (optional)  
 UCC COORDINATOR (813) 490-3400

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

ISPC  
 1115 GUNN HWY STE 100  
 ODESSA FL 33556

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
	GARCIA	MARIA	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
6946 HEMLOCK ST	HANOVER PARK	IL	601333411
			COUNTRY
			US

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME			
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
	GARCIA	MARIO	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
6946 HEMLOCK ST	HANOVER PARK	IL	601333411
			COUNTRY
			US

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
	ISPC		
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
1115 GUNN HWY STE 100	ODESSA	FL	33556-5324
			COUNTRY
			US

4. COLLATERAL: This financing statement covers the following collateral:

Water Conditioner Equipment. Secured Party's interest in the collateral, which is or may become a fixture, does not extend to the real property to which the collateral is affixed.

S 7  
 P 2  
 S M  
 M M  
 SC 5  
 E 7  
 INT JH

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

COOK, IL ISPC FILE # 715712

International Association of Commercial Administrators (IACA)

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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here <input type="checkbox"/>					
OR	9a. ORGANIZATION'S NAME				
	9b. INDIVIDUAL'S SURNAME GARCIA				
	FIRST PERSONAL NAME MARIA				
ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX		
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
10. DEBTOR'S NAME: Provide (10a or 10b) only, or an additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c.					
OR	10a. ORGANIZATION'S NAME				
	10b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX		
10c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)					
OR	11a. ORGANIZATION'S NAME				
	11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)			14. This FINANCING STATEMENT:		
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):			<input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing		
MARIA GARCIA MARIO GARCIA 6946 HEMLOCK ST HANOVER PARK, IL 601333411			16. Description of real estate:  PIN: 06-36-117-010-0000 LOT 158 IN HANOVER PARK TERRACE, A SUB'D OF PART OF SEC 35 AD 36, TWP 41 N, RANGE 9 EAST OF THE 3 <sup>RD</sup> PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS IN HANOVER TOWNSHIP, COOK COUNTY, ILLINOIS AND RECORDED JUNE 3 <sup>RD</sup> , 1963 AS DOCUMENT 18813033		
17. MISCELLANEOUS: COOK, IL                      ISPC FILE # 715712					

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