

# UNOFFICIAL COPY



Doc# 1806501368 Fee \$44.00

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 37724 - OVATION SALES	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	62746921  ILIL FIXTURE

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 POLK	FIRST PERSONAL NAME ALFONSO	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
1c. MAILING ADDRESS 8858 S FRANCISCO AVE		CITY EVERGREEN PARK	STATE IL	POSTAL CODE 60805	COUNTRY USA

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)	SUFFIX		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

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 OVATION SALES FINANCE TRUST					
OR					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
3c. MAILING ADDRESS 805 LAS SIMAS PKWY SUITE 350		CITY AUSTIN	STATE TX	POSTAL CODE 78700	COUNTRY USA

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

S Y  
 P 4  
 S N  
 M N  
 SC Y  
 E X  
 INT AS

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   
 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:  
62746921                      1475368

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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

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

POLK

FIRST PERSONAL NAME

ALFONSO

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

10. DEBTOR'S NAME: Provide (10a or 10b) only one 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

10a. ORGANIZATION'S NAME

OR

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.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

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.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

Parcel ID:  
24-01-113-022-0000

PARCEL# 24-01-113-022-0000

POLK  
8858 S FRANCISCO AVE  
EVERGREEN PARK, IL 60805  
[ See Exhibit for Real Estate ]

17. MISCELLANEOUS: 62748921-IL-31 37724 - OVATION SALES FINANC OVATION SALES FINANCE TRUST File with: Cook, IL 1475368

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**Debtor:** POLK, ALFONSO

Exhibit for Real Estate

**16. Description of real estate:** Continued

COOK COUNTY

LEGAL DESCRIPTION: SEE ATTACHED (EXHIBIT A)

Property of Cook County Clerk's Office

COOK COUNTY  
RECORDER OF DEEDS

COOK COUNTY  
RECORDER OF DEEDS

COOK COUNTY  
RECORDER OF DEEDS

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Exhibit A

H-55281


LOT 39 (EXCEPT THAT NORTH 12 FEET THEREOF) AND ALL OF LOT 40 IN FRANK DELUGACH'S BEVERLY FOREST, BEING A SUBDIVISION OF THE EAST 1/4 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 1, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

P.I.N 24-01-113-022-0000

C/K/A 8858 S. FRANCISCO AVENUE, EVERGREEN PARK, ILLINOIS 60805-1248

STATE TAX

STATE OF ILLINOIS



OCT. 28. 04

REAL ESTATE TRANSFER TAX  
DEPARTMENT OF REVENUE

0000000000 #


REAL ESTATE TRANSFER TAX

0023500

FP326669

COOK COUNTY

REAL ESTATE TRANSACTION TAX



OCT. 28. 04

REVENUE STAMP

0000143952 #

REAL ESTATE TRANSFER TAX

0011750

FP326670

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