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99281457

FINANCING STATEMENT - FOLLOW INSTRUCTIONS CAREFULLY

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional) CROWN BANK 407-3397117	B. FILING OFFICE ACCT. #, (optional)
C. RETURN COPY TO: (Name and Mailing Address) CROWN BANK 4580 S. HWY 17-92 CASSELBERRY, FL. 32707	

DEPT-01 RECORDING \$23.50  
 T#0011 TRAN 0849-03/24/99-08:47:00  
 4375 TB # - 99-281457  
 COOK COUNTY RECORDER



D. OPTIONAL DESIGNATION (if applicable)  LESSOR/LESSEE  CONSIGNOR/CONSIGNEE  NON-UCC FILING

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME			
OR			
1b. INDIVIDUAL'S LAST NAME PERRY	FIRST NAME CHARLES	MIDDLE NAME	SUFFIX JR
1c. MAILING ADDRESS 259 E. 168th PLACE	CITY SOUTH HOLLAND	STATE IL	COUNTRY POSTAL CODE 60473
1d. S.S. OR TAX I.D.# 336-36-3589	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			1g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME			
OR			
2b. INDIVIDUAL'S LAST NAME PERRY	FIRST NAME GEORGIA	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 259 E. 168th PLACE	CITY SOUTH HOLLAND	STATE IL	COUNTRY POSTAL CODE 60473
2d. S.S. OR TAX I.D.# 499-40-7324	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			2g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME CROWN BANK FSB			
OR			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 4580 S. HWY 17/92	CITY CASSELBERRY	STATE FL	COUNTRY POSTAL CODE 32707

4. This FINANCING STATEMENT covers the following types or items of property:

WINDOWS

LOT 40 IN PASQUINELLIS FAIR MEADOWS FIRST ADD BEING A SUBD OF THE E 1/2 OF THESE  
 1/4 OF SECT 22 TOWNSHIP 36 N RANGE 14 E OF THE THIRD PRINCIPAL MERIDIAN COOK CTY

29-22-303-041

DOC # 93991053

99000047

5. CHECK BOX (if applicable) <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions [additional data may be required]	7. If filed in Florida (check one) <input type="checkbox"/> Documentary stamp tax paid <input type="checkbox"/> Documentary stamp tax not applicable
6. REQUIRED SIGNATURE(S) <i>Charles Perry</i> <i>Georgia Perry</i> PERRY BECHTOLD	8. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable] 9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2

S/K  
P/I  
M/Y

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DEPT. OF PUBLIC SAFETY

CHIEF OF POLICE

100-100000000

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