

1/18/05 dir 8082 and OFC 929

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 MAY 10 AM 10:27

MICHAEL A. BROWN  
RECORDER

2005 000417

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>JOYCE BRUNO (773) 380-7310 X109</b>
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>CASTLE CREDIT CORPORATION</b>  <b>8420 WEST BRYN MAWR SUITE 300</b>  <b>CHICAGO, IL 60631</b> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <i>see attachment</i> </div>

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 <b>NAVARRO</b>	FIRST NAME <b>HUGO</b>	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS <b>124 CLEVELAND AVE</b>		CITY <b>HOBART</b>	STATE   POSTAL CODE   COUNTRY <b>IN   46342</b>
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION
			1g. ORGANIZATIONAL ID #, if any <input 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 <b>GARCIA</b>	FIRST NAME <b>VERONICA</b>	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS <b>124 CLEVELAND AVE</b>		CITY <b>HOBART</b>	STATE   POSTAL CODE   COUNTRY <b>IN   46342</b>
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
			2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)**

3a. ORGANIZATION'S NAME <b>CASTLE CREDIT CORPORATION</b>			
OR			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <b>8420 WEST BRYN MAWR SUITE 300</b>		CITY <b>CHICAGO</b>	STATE   POSTAL CODE   COUNTRY <b>IL   60631</b>

**4. This FINANCING STATEMENT covers the following collateral:**

**WATER TREATMENT SYSTEM-TYPE OF UNIT: RAINSOFT**

**MODEL #: AQC75V      SERIAL #: 742351**

**MODEL #: UF50T      SERIAL #: 744513**

**MODEL #: FAUCET      SERIAL #: 730203**

**INSTALLED AT : 124 CLEVELAND AVE. , HOBART, IN 46342**

**COUNTY: LAKE**

**THIS IS A FIXTURE FILING**

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 type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	<input type="checkbox"/> If applicable	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE)	<input type="checkbox"/> (optional)	<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

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**UCC FINANCING STATEMENT ADDENDUM**

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**9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
NAVARRO	HUGO	

**10. MISCELLANEOUS:**

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**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 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
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 type="checkbox"/> NONE

**12.  ADDITIONAL SECURED PARTY'S or  ASSIGNOR S/P'S NAME - insert only one 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:

MATTHAIS ADD. LIVERPOOL HEIGHTS ALL L.13  
BL.4

PARCEL 19-21-0009-011

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):

17. Check only if applicable and check only one box.

Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years