

UCC FINANCING STATEMENT

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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FOLLOW INSTRUCTIONS (II		REFULLY				I' ILLEI	TOK KECOKU
A. NAME & PHONE OF CONTACT AT Phone:(800) 331-3		662-4141	2007	000479	*	20 07 JU	N 28 PH 3:0
B. SEND ACKNOWLEDGEMENT TO:	(Name and Address)	17371 SERVI	CE FINANC				AEL A. BROWN ECORDER
UCC Direct Service	es	1149706	61 l				
P.O. Box 29071			·				
Glendale, CA 9120	19-9071	ININ	·	• •			
Lee oners		FIXTUR	E _				
	File with: CC IN	_ake, IN		THE ABOVE SPACE	IS FOR FI	LING OFFICE USE ONL	Υ
1. DEBTOR'S EXACT FULL LEGA	AL NAME - insert only	one debtor name (1a	or 1b) - do not abbrevi	ate or combine names			`
1a. ORGANIZATION'S NAME							
1b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
KING			WALTER				
1c. MAILING ADDRESS 2275 DELAWARE ST			GARY		STATE	POSTAL CODE 46407	COUNTRY
	ANIZATION	OF ORGANIZATION	1f. JURISDICTION OF	ORGANIZATION	1g. ORG	ANIZATIONAL ID#, if an	NONE
2. ADDITIONAL DEBTOR'S EXAC	CT FULL LEGAL NAM	ME - insert only one de	ebtor name (2a or 2b) -	do not abbreviate or co	mbine na	mes	
2a. ORGANIZATION'S NAME							
OR 25. INDIVIDUAL'S LAST NAME KING			FIRST NAME LINDA		MIDDLE D	NAME	SUFFIX
2c. MAILING ADDRESS 2275 DELAWARE ST	<u>.</u>	_	CITY		STATE	POSTAL CODE 46407	COUNTRY
2d. <u>SEE INSTRUCTIONS</u> ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR		2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID #, if any			
3. SECURED PARTY'S NAME (or	NAME of TOTAL AS	SIGNEE of ASSIGNO	R S/P) - insert only one	secured party name	(3a or 3b)		
3a. ORGANIZATION'S NAME SERVICE FINANCE (o						
OR 3b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS 1956 NE 5 AVE # 8			CITY BOCA RATON		STATE FL:	POSTAL CODE 33431	COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

2 ENTRY DOORS	1 SECURITY	DOOR
		,

5. ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BA	ILEE/BAILOR SELLER/BUYE	R AG. LIEN NON-UCC FILING
[X] This FINANCING STATEMENT is to be filed [for record] (or recorded ESTATE RECORDS. Attach Addendum.	fif applicable) 7. Check to REQUEST [ADDITIONAL FEE]	SEARCH REPORT(S) on Debtor(s)	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		-	6 7 7 7 7
11497061		18670561820	

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ack) CAREFULLY			5.7212 0	E regress		
ON RELATED FINANCING STATEM	IENT ·	n.	LAKE	COUNTY		
	2007 000	8 mg	FILEUF	R RECORD		
FIRST NAME WALTER	Middle NAME, SUFFIX	4/9	2007 JUN 28	3 PM 3:00		
			MICHAEL	A BROWN		
			RECO	RDFR		
			CARACTA TO			
		THE ABOVE SPACE	IS FOR FILING OFFICE US	E ONLY		
ULL LEGAL NAME - insert only o <u>ne</u> r	name (11a or 11b) - do not abb	previate or combine nar	mes			
	FIRST NAME	Mil	ODLE NAME	SUFFIX		
	·					
 -	СІТУ	STA	ATE POSTAL CODE	COUNTRY		
	11f. JURISDICTION OF ORGAN	NIZATION 111g	11g. ORGANIZATIONAL ID #, if any			
TVIC as ACCIONOR CIDIO N	ANT insert solvens some (10 10-)				
175 OF ASSIGNOR SIPS NA	AME - Insert only one hame (12a or 12b)				
	LEIDST NAME	- KAIL	ODI E NAME	SUFFIX		
	T NOT NAME	·	JULE IVANIE	SOFTIA		
	СПҮ	ST	ATE POSTAL CODE	COUNTRY		
timber to be cut or as-extracted	16. Additional collateral descrip	tion:				
ц.						
Description: PARCEL # : 25-46-0027-0006 CITY/MUNI/TWP: GARY-CALUMET TWP MID CITY						
S. 18 FT. OF L.6 BL.4 N. 24						
			•			
		·				
	17. Check only if applicable and	check only one box.				
		istee acting with respect to	o 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			
	FIRST NAME WALTER ULL LEGAL NAME - insert only one r ORE 11e. TYPE OF ORGANIZATION TION TY'S or ASSIGNOR S/P's NA Timber to be cut or as-extracted 19.	ULL LEGAL NAME - insert only one_ name (11a or 11b) - do not abt FIRST NAME	THE ABOVE SPACE ULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine na FIRST NAME MIL CITY ST O'RE 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11f. TY'S or ASSIGNOR S/P's NAME - insert only one name (12a or 12b) FIRST NAME MIL CITY ST TIMber to be cut or as-extracted 16. Additional collateral description: G-0.027-0.006 JMET TWP MID CITY S. 18 FT. OF L.6 BL.4 N. 24 17. Check goby if applicable and check goly one box. Debtor is a Trust or Trustee acting with respect to 18. Check goly if applicable and check goly one box. 18. Check goly if applicable and check goly one box. 19. Trust or Trustee acting with respect to 18. Check goly if applicable and check goly one box.	Sets CAREFULLY ION RELATED FINANCING STATEMENT PRIST NAME WALTER THE ABOVE SPACE IS FOR FILING OFFICE US MICHAEL , RECO THE A		