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**RECORDATION REQUESTED BY:** 

Park Federal Savings Bank Westmont Office 21 East Ogden Avenue Westmont, IL 60559

Westmont, IL 60559

WHEN RECORDED MAIL TO:
Parla Federal Savings Bank

Jest nont Office 50 1 Last Office 50 Lestmont, IL 60559 4362/0008 89 001 Page 1 of 3
2000-06-29 10:54:20
Cook County Recorder 25.00



FOR RECORDER'S USE ONLY

This Modification of Mortgage prepared by:

Molly Loftus, Loan Administrator 21 East Ogden Avenue Westmont, IL 60559

## MODIFICATION OF MORTGAGE

THIS MODIFICATION OF MORTGAGE dated May 16, 2000, is made and executed between Kevin G. O'Connor and Mary K. O'Connor, husband and wife, whose address is 423 Grant Street, Lemont, IL 60439 (referred to below as "Grantor") and Park Federal Savings Sank, whose address is Westmont Office, 21 East Ogden Avenue, Westmont, IL 60559 (referred to below as "Lender").

MORTGAGE. Lender and Grantor have entered into a Mortgage dated April 6, 1999 (the "Mortgage") which has been recorded in Cook County, State of Illinois, as follows:

Recorded April 15, 1999 in the Cook County Recorder's Office as Document Number 99361698.

**REAL PROPERTY DESCRIPTION.** The Mortgage covers the following described real property located in Cook County, State of Illinois:

LOT 7 IN FIREROCK FARM, A SUBDIVISION OF PART OF THE SOUTHWEST QUARTER OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED SEPTEMBER 23, 1998, AS DOCUMENT NO. 98850724, IN THE VILLAGE OF LEMONT, ALL IN COOK COUNTY, ILLINOIS.

The Real Property or its address is commonly known as 1075 Hermes Avenue, Lemont, IL 60439. The Real Property tax identification number is 22–29–300–013.

**MODIFICATION.** Lender and Grantor hereby modify the Mortgage as follows:

Your loan Maturity Date will be amended to the following: The remaining principal balance and interest will be due and payable June 1, 2001. Your interest rate to maturity will change to Eight and Three Quarters (8.750%) Percent per annum. Principal and interest payments will change to Six Hundred Forty Five Dollars and 93/100 Cents (\$645.93) per month beginning June 1, 2000. All other terms and conditions of the original Note and Mortgage remain the same.

CONTINUING VALIDITY. Except as expressly modified above, the terms of the original Mortgage shall remain 5 - Yes unchanged and in full force and effect and are legally valid, binding, and enforceable in accordance with their P = 3

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## MODIFICATION OF MORTGAGE (Continued)

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respective terms. Consent by Lender to this Modification does not waive Lender's right to require strict performance of the Mortgage as changed above nor obligate Lender to make any future modifications. Nothing in this Modification shall constitute a satisfaction of the promissory note or other credit agreement secured by the Mortgage (the "Note"). It is the intention of Lender to retain as liable all parties to the Mortgage and all parties, makers and endorsers to the Note, including accommodation parties, unless a party is expressly released by Lender in writing. Any maker or endorser, including accommodation makers, shall not be released by virtue of this Modification. If any person who signed the original Mortgage does not sign this Modification; then all persons signing below acknowledge that this Modification is given conditionally, based on the representation to Lender that the non-signing person consents to the changes and provisions of this Modification or otherwise will not be released by it. This waiver applies not only to any initial extension or modification, but also to all such subsequent actions.

RELEASE DEED RECORDING FEE. Upon loan payoff, a fee to record the Release Deed Document will be included in the fina amount due. The amount collected will correspond with the amount charged by the applicable County Recorder's Office at the time of payoff.

GRANTOR ACKNOWLEDGES HAVING READ ALL THE PROVISIONS OF THIS MODIFICATION OF MORTGAGE AND GRANTOR AGREES TO ITS TERMS. THIS MODIFICATION OF MORTGAGE IS DATED MAY 16, 2000. Soot Colling Clark's Office

**GRANTOR:** 

Authorized Signe

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| STATE OF ILLINOIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | )                                                               |                               |                                       | •                                  |                                                   |
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| COUNTY OF ROOM DUPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                               |                                       |                                    |                                                   |
| On this day before me the ur O'Connor, to me known to be acknowledged that the sinne purposes therein-mentioned.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | the individuals of                                              | described in                  | and who execut                        | ted the Modific                    | ation of Mortgage, and                            |
| Given under my hand and on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ic≀a' seal this                                                 | 31st                          | day of                                | May                                | , <b>20</b> 00                                    |
| By Molly M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Liftu                                                           | V_                            | Residing at                           |                                    |                                                   |
| Notary Public in and for the S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tate ofllino                                                    | is                            |                                       |                                    |                                                   |
| My commission expires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MOLLY I<br>NOTARY PUBLIC<br>My Commission                       |                               |                                       |                                    | •                                                 |
| ř                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LENDEF                                                          | R ACKNO                       | WLEOGMENT                             |                                    |                                                   |
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| STATE OF ILLINOIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | )                                                               |                               |                                       |                                    |                                                   |
| COUNTY OF SOCHS DUPAG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ) <b>SS</b><br>GE )                                             |                               |                                       | Ort's                              |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ay ofMay                                                        |                               | , 2000                                | before me, th                      | ie undersigned Notary                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sandy Remijas                                                   |                               |                                       | and known to r                     | ne to be the <u>Vice</u>                          |
| President Lending authorize acknowledged said instrument the Lender through its board of stated that he or she is authorized to the control of the control o | to be the free ar<br>directors or othe                          | nd voluntary<br>erwise, for t | / act and deed of<br>he uses and purp | f the said Lend<br>loses therein n | der, duly authorized by<br>nentioned, and on oath |
| of said Lender.  By Muly M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Softus                                                          | <u> </u>                      | Residing at                           |                                    |                                                   |
| Notary Public in and for the S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tate ofIlling                                                   | ois                           |                                       |                                    | •                                                 |
| My commission expires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | "OFFICIA<br>MOLLY M. I<br>NOTARY PUBLIC ST<br>My Commission Exp |                               |                                       |                                    |                                                   |