UCC FINANCING STATEMENT AMENDMENT Doc#: 0401427132 Eugene "Gene" Moore Fee: \$26.50 FOLLOW INSTRUCTIONS (front and back) CAREFULLY Cook County Recorder of Deeds A. NAME & PHONE OF CONTACT AT FILER [optional] Date: 01/14/2004 03:59 PM Pg: 1 of 2 B, SEND ACKNOWLEDGMENT TO: (Name and Address) CHICAGO TITLE LAND TRUST CO THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the 3989077 FILED 2-16-99 50 SIL REAL ESTATE RECORDS 2. TERMINATION: Effectiveness of t e Ti ancing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law ASSIGNMENT (full or partial): Give name of assignue in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 4. 5. AMENDMENT (PARTY INFORMATION): This Amendr ent affects Debtor or Secured Party of record. Check only one of these two boxes Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name/address of a party. DELETE name: Give record name to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME CHICAGO TITLE LAND TRUST COMPANY AS TRUSTEE UTN 1104693 OR 65 INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX 7. CHANGED (NEW) OR ADDED INFORMATION 7a. ORGANIZATION'S NAME OR 76. INDIVIDUAL'S LAST NAME SUFFIX RST NAME MIDDLE NAME STATE POSTAL CODE COUNTRY 7c MAILING ADDRESS 7g. ORGANIZATIONAL ID #, if any 7f. JURISDICTION OF ORGANIZATION 7d SEEINSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME CITIBANK, FSB SHEEDX MIDDLE NAME FIRST NAME 9b. INDIVIDUAL'S LAST NAME 10.OPTIONAL FILER REFERENCE DATA

10095192

0401427132 Page: 2 of 2

UNOFFICIAL COPY

SCHEDULE A CONTINUED

and referred to in this Polic.

IS 23, 24 AND THE NORTH 20 FEE.
IST 1/2 OF THE SOUTHWEST 1/4 OF SOUTHWEST 1/