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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

DETRENA GREENLEE, AGENT 989-776-7219

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CITIZENS BANK MAILCODE 332013 101 N. WASHINGTON AVE. SAGINAW, MI 48607 Doc#: 0405613012 Eugene "Gene" Moore Fee: \$26.00 Dook County Recorder of Deeds Date: 02/25/2004 10:01 AM Pg: 1 of 2

| | THE A | BOVE SPACE IS FOR FILING OFFIC | |
|--|---|--|---|
| 1a. INITIAL FINANCING STATEMENT FILE # (IL) COOK (| CO. 94621560 DATED 7 | 1b. This FINANCING STATE to be filed [for record] (or REAL ESTATE RECORD | or recorded) in the |
| 2. TERMINATION: Effectiveness of the Jinancing Statement identi | ified above is terminated with respect to security inter | est(s) of the Secured Party authorizing this Te | ermination Statement. |
| 3. CONTINUATION: Effectiveness of the innancing Statement id continued for the additional period provid of oy applicable law. | entified above with respect to security interest(s) of | the Secured Party authorizing this Continua | ation Statement is |
| 4. ASSIGNMENT (full or partial): Give name of assir nor to item 76 | a or 7b and address of assignee in item 7c; and also | give name of assignor in item 9. | |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment offer | ects Debtor or Secured Party of record. (| Check only <u>one</u> of these two boxes. | |
| Also check one of the following three boxes and provide approunted in the | | | |
| CHANGE name and/or address: Give current record name in ner a name (if name change) in item 7a or 7b and/or new address (if ; dd | ba or 6b; also give new DELETE name: Given see to be deleted in item. | | item 7a or 7b, and also items 7d-7g (if applicable). |
| 5. CURRENT RECORD INFORMATION: | 0/ | | |
| 6a. ORGANIZATION'S NAME | 7 | | |
| | | | |
| OR 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| HOMEYER | CEORGE | R | |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | | | 444 |
| 7a. ORGANIZATION'S NAME | 74 | | |
| OR 75. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| 7c. MAILING ADDRESS | ату | STATE POSTAL CODE | COUNTRY |
| 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANI ORGANIZATION DEBTOR | 7f. JURISDICTION OF ORGANIZATI | ON 7g. ORGANIZATIONAL ID# | , if any |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box. | | | |
| Describe collateral deleted or added, or give entire est | ated collateral description, or describe collateral | assigned. | |

| 9. NAM adds | ME OF SECURED PARTY OF RECORD AUTHORIZI collateral or adds the authorizing Debtor, or if this is a Termin | ING THIS AMENDMENT (name of assignor, if this ation authorized by a Debtor, check here and enter | s is an Assignment). If this is an Amendment aut er name of DEBTOR authorizing this Amendme | horized by a Debtor which ent. |
|----------------|---|--|--|-----------------------------------|
| 0.0 | ORGANIZATION'S NAME COMMERCIAL NATIONAL INDIVIDUAL'S LAST NAME | BANK OF BERWYN NKA | A CITIZENS BANK- ILL | INOIS, N.A. |
| 10.OPT | IONAL FILER REFERENCE DATA BARCODE 4023359/T440 | | | |

0405613012 Page: 2 of 2

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| UCC FINANCING STATE | EMENT AMENDME | ENT ADDENDUM | | | |
|---|---------------------------|---------------------------|--|--|--|
| FOLLOW INSTRUCTIONS (front and | back) CAREFULLY | | | | |
| 11. INITIAL FINANCING STATEMEN (IL) COOK COUNTY | | | | | |
| 12. NAME OF PARTY AUTHORIZING | G THIS AMENDMENT (same as | item 9 on Amendment form) | | | |
| 12a, ORGANIZATION'S NAME COMMERCIAL NA | | | | | |
| OR 12b, INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | |
| 13. Use this space for additional infor | mation | I | | | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

SOME OR ALL OF THE COLLATERAL IS LOCATED IN: LOTS 1,2,3, AND 4 IN BLOCK 1 IN THOMAS

J DIVEN'S SUBDIVISION OF THE WEST 1/2 OF THE SW 1.4 OF THE SW 1/4 & THE EAST 1/2 OF THE

NW 1/4 OF THE SW 1/4 CF SECTION 2, TWP 39 N, R 13, EAST OF THE THIRD PRINCIPAL

MERIDIAN IN COOK CO., IL.