UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] B. SEND ACKNOWLEDGMENT TO: (Name and Address) LexisNexis Document Solutions 801 Adlai Stevenson Drive Springfield, IL 62703 8978904-52



Doc#: 0426727078

Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds Date: 09/23/2004 11:40 AM Pg: 1 of 2

- JANTIAL COLLANDO		THE ABOV	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
a. INITIAL FINANCING STA	Date 06/12/2002 12	:00:00	This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.		
TERMINATION: E	ffectiveness c the inancing Statement identified above	ve is terminated with respect to security interest(s)	of the Secured Party authorizing this Term	nination Statement	
. CONTINUATION:	Effectiveness of the Financing Statement identified a tional period provided by applicable law.	above with respect to security interest(s) of the So	ecured Party authorizing this Continuation	n Statement is	
ASSIGNMENT (full	or partial): Give name of assic lee in item 7a or 7b ar	nd address of assignee in item 7c; and also give na	ime of assignor in item 9		
AMENDMENT (PART)	Y INFORMATION): This Amend nent affects	Debtor or Secured Party of record. Check			
	wing three boxes and provide appropriate information	in items 6 and/or 7.	· —		
in regards to changing t	address: Please refer to the detailed instruct, ans he name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a a also complete items 7e-7g (if ap	or 7b, and also item 7c;	
CURRENT RECORD IN					
Sa. ORGANIZATION ST	AVINE	4	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
66. INDIVIDUAL'S LAST	NAME	FIF ST NALIE	MIDDLE NAME	Tours N	
			WINDOLE IVAINE	SUFFIX	
CHANGED (NEW) OR A	DDED INFORMATION:				
7a. ORGANIZATION'S N		7)	<u>. </u>		
75. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY	
SEEINSTRUCTIONS	ADD'L INFO RE 79. TYPE OF ORGANIZATION				
· · · · · · · · · · · · · · · · · · ·	ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	Tg. ORGANIZATIONAL ID#, if a	Iny No.	
	ATERAL CHANGE): check only one box.				
Describe collateral del	leted or added, or give entire restated collat	eral description, or describe collateral assig	ned.		
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IAME OF SECURED	PARTY OF RECORD ALITHORIZING THIS A	JENENIENT /			
dds collateral or adds the	PARTY OF RECORD AUTHORIZING THIS AT authorizing Debtor, or if this is a Termination authorize	w⊏MDMENT (name of assignor, if this is an Assig d by a Debtor, check here ☐ and enter name of	nment). If this is an Amendment authorized DEBTOR authorizing this Amendment.	ed by a Debtor which	
9a. ORGANIZATION'S N			and rendringing		
BANKFINANG	CIAL, F.S.B.				
9b. INDIVIDUAL'S LAST	NAME	FIRST NAME	SAIDDLE MARKE	Terres .	

FIRST NAME

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

<u> Debtor: TIMOTHY J CABALLERO</u>

10. OPTIONAL FILER REFERENCE DATA IL-Cook County

BOX 314

SUFFIX

MIDDLE NAME

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Comments:
Lots, 23,24,25 and 26 in block 3 in West Harmord, Leing Subdivision of the north 1896 feet of fractional section 17, township 36 north, range 15, east of the third principal meridian, in Cook county, Illinois.
PIn # 30-17-103-001-0000, 30-17-103-002-0000, 30-17-103-022-0000, 30-17-103-023-0000

Property of Cook County Clark's Office