UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT





Doc#: 0603219077 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Date: 02/01/2006 12:47 PM Pg: 1 of 2

| TERMINATION: Effectiveness of the inalicina Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. | | | 842730-1 | | | | |
|--|--------------------------------|---------------------------------------|--|-------------------------|---|-----------------------------------|---------------------------------------|
| 96420467 Date: 06/047/996 B; P; TERMINATION: Effectiveness of the flags-floral Subternet (schilded above is harrimated with respect to security interest(s) of the Secure Party subteraing pile Term nation Subternet. (Schilded above is harrimated with respect to security interest(s) of the Secure Party subteraing pile Term nation Subternet. (Secure Party subteraing pile Term nation Subternet.) ASSIGNMENT full or partially. Give name of sections of his year of an address of assignment in form 7c; and along give name of assignment give Continuation Statement in Secure Party subteraing this Continuation Statement is Continued for the additional period provided by applicable by the section of the Secure Party subteraing this Continuation Statement is Continued for the additional period period of the section of the Secure Party subteraing this Continuation Statement is Continued for the additional period of the Secure Party subteraing this Continuation Statement is Continued for the additional period of the Secure Party subteraing this Continued for Secure Party subteraing this Continued for Secure Party subterains the Secure Party subterains the Continued for Secure Party subterains the Secu | INITIAL CINANGO CO | | ······································ | | THE ABOVE SE | PACE IS FOR FILING OFFI | CE USE ONLY |
| TERMINATION: Effectiveness of the Triging Statement (settlined shows is tominated with respect to security interest(o) of the Secured Party authorizing this Continuation Statement (Sectional Settlines) | 96420467 Date:06/04/1996 B: P: | | | | to be filed (for record) (or recorded) in the | | |
| ASSIGNMENT (it in partial) Give harms of assigned in lifting to 75 and address of assigned in litter 2 and also give name of assignor in item 9. AMERINMENT (it in partial) Give harms of assigned in lifting to 75 and address of assigned in litter 2 Secured Party of record. Obeck only gas of these two boxes. AMERINMENT (it in partial) Give harms of assigned in lifting to 75 and address of assigned in litter 2 Secured Party of record. Obeck only gas of these two boxes. AMERINMENT (INCRITATION): This Amendment affecting Debtor of 1 Secured Party of record. Obeck only gas of these two boxes. AMERINMENT (it is in partial) Give harms of assigned in little as address. Debtor of 1 Secured Party address of these two boxes. Control of the address of the secure of the address of the secure of the address of the secure of the address of | TERMINATION: E | ffectiveness of the | ina, cirin Statement identified above | is terminated with res | pect to security interest(s) of the | e Secured Party authorizing this | Termination Statement |
| ASSIGNMENT (full of partial): Give name of assigned in Simple or 7b and address of assigned in tiom 7c, and also give name of assignor in item 9. AMERINMENT (PARTY INFORMATION): This Arrendment affects Debot of Secured Party of record. Check only gas of these two boxes. Not onched good for deflowing time the weeten and provide specipied in immund in alterials and provide and provide specipied in immund in alterials and provide and provide specipied in immund in alterials and provide and provide specipied in immund in alterials and provide and provide specipied in immund in alterials and provide and provide specipied in immund in alterials and provide and provide specipied in immund in alterial provided in the decided respectively. CHARGET RECORD INFORMATION [2a ORGANIZATION S RAME] TO INCVIDUAL'S LAST NAME FRIST NAME FRIST NAME FRIST NAME MIDDLE NAME MIDDLE NAME SLIFFIX STATE POSTAL CODE COUNTRY SEERSTAUCTIONS ANENDMENT (COLLATERAL CHANGE): check only gas box. Describe collateral selected or solded, or give entair inestated collateral description, or describe collateral sessigned. BEDEATY CROBERT E. SCHUBERTH ANENDMENT (COLLATERAL CHANGE): check only gas box. Describes collateral selected or solded, or give entair inestated collateral description, or describe collateral sessigned. | . K CONTINUATION: | Effectiveness of the | Finar and Statement identified at | pove with respect to se | curity interest(s) of the Secure | ed Party authorizing this Continu | ation Statement is |
| AMENDMENT (PARTY INFORMATION): This Amendment affection plactor of Modelate got the following time loss and provide appropriate information in terms of and/or 7 CHANCED INFORMATION CURRENT RECORD INFORMATION CHANCED INFORMATION | | | | address of assignee i | n item 7c, and also give name o | of againment in the on O | |
| AND CREAK gas of the following three boses and provide appropriate in generator in hearts a analog 7. CHANCE THE CONTROL OF T | . AMENDMENT (PART | Y INFORMATION | V): This Amendment affect | lebtor or Secure | | | |
| CHANGED INEXT CONTRIBUTIONS NAME TO NOTIFICATION OF REAL CODE FIRST NAME MIDDLE NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME FIRST NAME MIDDLE NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME FIRST NAME | Also check one of the follo | wing three boxes a | nd provide appropriate in armation in | items 6 and/or 7 | really of record. Check only g | on these two boxes. | |
| CHANGED INDIVIDUALS LAST NAME PRISTINAME | CHANGE name and/or: | address: Please refe | rto the detailed instructions | □ DELETE name | : Give record лате | ADD name: Complete iter | n 7a or 7h and also item 7c: |
| GO. ORGANIZATION S NAME CHANGED INEW) OR ADDED INFORMATION: (7a. ORGANIZATION S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY SEEINSTRUCTIONS ADDIL INFORE 76 TYPE OF ORGANIZATION | | | а рапу. | to be deleted in | item 6a or 6b. | also complete items 7e-7g | (ifapplicable). |
| CHANGED (NEW) OR ADDED INFORMATION. 73. ORGANIZATION'S NAME FIRST NAME | | | | 7/- | | | |
| CHANGED (NEW) OR ADDED INFORMATION. 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX CITY STATE POSTAL CODE COUNTRY SEEINSTRUCTIONS ADDL INFO RE ORGANIZATION CENTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only size box Describe collateral deleted or added, or give entire restated collateral description, or describe collateral added, or give entire restated collateral description, or describe collateral and enter name of DEBTOR, authorizing this Amendment authorized by a Debtor, check here and enter name of DEBTOR, authorizing this Amendment. LASALLE BANK NATIONAL ASSOCIATION PONDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME SUFFIX PONNAL FILER REFERENCE DATA 2211179719/2732 | | | | | | | |
| CHANGED (NEW) OR ADDED INFORMATION. 72. ORGANIZATIONS NAME 75. INDIVIDUALS LAST NAME MALING ADDRESS CITY STATE FOSTAL CODE COUNTRY SEEINSTRUCTIONS ADDIT INFO RE ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only goe box Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. Describe collateral AME 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 odds collateral or adds the authorizing better, or if this is a Termination authorized by a Debtor, theck here and either reare of DEBTOR authorizing his Amendment. BY ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION BY INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX • MIDDLE NAME SUFFIX • MIDDLE NAME SUFFIX • MIDDLE NAME SUFFIX • PTIONAL FILER REFERENCE DATA 2211179719/2732 | 66. INDIVIDUAL'S LAST | NAME | | IFIRST WOME | | MIDDLE NAME | louss |
| To NOIVIDUAL'S LAST NAME | | | | O, | > | WIDDLE NAME | SUFFIX |
| TA ORGANIZATION'S NAME FIRST NAME | CHANGED (NEW) OR A | DDED INFORMAT | LIUM: | | | | |
| To INDIVIDUAL'S LAST NAME FIRST NAME | | | IOI. | | - / / , | | |
| MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY SEGINSTRUCTIONS ADDL INFORE ORGANIZATION OF ORGANIZATION O | | | | | | | |
| MAILING ADDRESS CITY STATE STATE POSTAL CODE COUNTRY SEGINSTRUCTIONS ADDIL INFORE ORGANIZATION DEBTOR ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box escribe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. Describe collater | 7b. INDIVIDUAL'S LAST | NAME | | FIRST NAME | | Luioni - | |
| ADDL INFO RE TO TYPE OF ORGANIZATION ORGANIZATION OF ORGANIZATION ORGANIZA | | | | I INOT WAINE | 6/ | MIDDLE NAME | SUFFIX |
| SEEINSTRUCTIONS ADDILINFO RE ORGANIZATION OF | L MAILING ADDRESS | · · · · · · · · · · · · · · · · · · · | | | | | |
| ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or deleted | | | | CITY | | STATE POSTAL CODE | COUNTRY |
| ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Pescribe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. Bebtor: ROBERT E. SCHUBERTH AME 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 lidd 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. LASALLE BANK NATIONAL ASSOCIATION Be INDIVIDUAL'S LAST NAME. FIRST NAME. MIDDLE NAME. SUFFIX. | SEEINSTRUCTIONS | ADD'L INFO RE | 70 TYPE OF ORGANIZATION | | | | |
| MENDMENT (COLLATERAL CHANGE): check only give box. escribe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. Dettor: ROBERT E. SCHUBERTH AME 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 dis 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. DETIONAL FILER REFERENCE DATA 2211179719/2732 | | ORGANIZATION | THE OF ORGANIZATION | 7f. JURISDICTION | OF ORGANIZATION | g. CRGANIZATIONAL ID#, | if any |
| PRIONAL FILER REFERENCE DATA 2211179719/2732 | | | | | | | Пиом |
| EDITIONAL FILER REFERENCE DATA 2211179719/2732 | WIENDWENT (COLLA | TERAL CHANG | E): check only <u>one</u> box. | | | /x. | · · · · · · · · · · · · · · · · · · · |
| EDITORAL FILER REFERENCE DATA 2211179719/2732 | escribe collateral del | eted or Ladded, | or give entirerestated collater | al description, or des | cribe collateral assigned. | | |
| EDITORAL FILER REFERENCE DATA 2211179719/2732 | | | | | | , C. | |
| IAME 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 dids 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 LASALLE BANK NATIONAL ASSOCIATION 9b. INDIVIDUAL'S LAST NAME PTIONAL FILER REFERENCE DATA 2211179719/2732 | | | | | | (V | 1 |
| AME 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 dids 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 LASALLE BANK NATIONAL ASSOCIATION 9b. INDIVIDUAL'S LAST NAME PTIONAL FILER REFERENCE DATA 2211179719/2732 | | | | | | | |
| AME 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 ids 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 LASALLE BANK NATIONAL ASSOCIATION 9b. INDIVIDUAL'S LAST NAME PRIONAL FILER REFERENCE DATA 2211179719/2732 | | | | | | | |
| AME 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 dids 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 LASALLE BANK NATIONAL ASSOCIATION 9b. INDIVIDUAL'S LAST NAME PTIONAL FILER REFERENCE DATA 2211179719/2732 | | | | | | | |
| AME 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 dids 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 LASALLE BANK NATIONAL ASSOCIATION 9b. INDIVIDUAL'S LAST NAME PTIONAL FILER REFERENCE DATA 2211179719/2732 | | | | | | | |
| AME 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 dids 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 LASALLE BANK NATIONAL ASSOCIATION 9b. INDIVIDUAL'S LAST NAME PTIONAL FILER REFERENCE DATA 2211179719/2732 | | | | | | | |
| AME 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 ids 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 LASALLE BANK NATIONAL ASSOCIATION 9b. INDIVIDUAL'S LAST NAME PRIONAL FILER REFERENCE DATA 2211179719/2732 | | | | | | | |
| AME 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 dids 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 LASALLE BANK NATIONAL ASSOCIATION 9b. INDIVIDUAL'S LAST NAME PTIONAL FILER REFERENCE DATA 2211179719/2732 | | | | | | | |
| IAME 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 dids 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 LASALLE BANK NATIONAL ASSOCIATION 9b. INDIVIDUAL'S LAST NAME PTIONAL FILER REFERENCE DATA 2211179719/2732 | ≥btor: ROBERT | E. SCHUBER | ≀тн | | | | |
| 9a. ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION 9b. INDIVIDUAL'S LAST NAME PTIONAL FILER REFERENCE DATA 2211179719/2732 | | | | TAIDNACTAIT : | | | |
| 9a. ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION 9b. INDIVIDUAL'S LAST NAME PTIONAL FILER REFERENCE DATA 2211179719/2732 | dds collateral or adds the a | uthorizing Debtor, o | ORD AUTHORIZING THIS AME OF if this is a Termination authorized to | : NDMENT (name of : | assignor, if this is an Assignmer | nt). If this is an Amendment auth | orized by a Debtor which |
| PTIONAL FILER REFERENCE DATA 2211179719/2732 | | | The state of the s | , a bostor, check fiel | and enter name of DEB | I UK authorizing this Amendmen | ıt. |
| PTIONAL FILER REFERENCE DATA 2211179719/2732 | LASALIERA | NK NATI | ONAL ASSOCIATI | ON | | | · · |
| PTIONAL FILER REFERENCE DATA 2211179719/2732 | 9b. INDIVIDUAL'S LAST N | IAME | DINAL ASSUCIATI | UIN FIRST NAME | | MIDDLE NAME | |
| PTIONAL FILER REFERENCE DATA 2211179719/2732 | | | | | | - INTOUCE NAME | SUFFIX |
| Sock Count | PTIONAL FILER REFERFA | VCE DATA | 1.00.01.0 (1.0 | | | DOT | 214 |
| | | 2211 | 179719/2732 | | | KIIX | 1 4 |

UNOFFICIAL COPY



LEGAL DESCRIPTION

Lot 4 (except the South 5-1/4 inches thereof) of Theilcke's Subdivision of Lot 4, and the South 50.12 feet of Lot 2, and all of Lot 3 in the Subdivision of Out Lot C in Wrightwood, a subdivision of the Southwest 1/4 of Section 28, Township 40 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN#5 14-28-316-055-0000 14-28-316-057-0000 14-28-316-058-0000 14-28-316-059-0000

300 PCO

Robert Ea Conrad E. Schuberth 2211179719-2732 Cook county # 96420467 Continuation 36430467

Clart's Office