UNOFFICIAL COPY

0504104242

UCC FINANCING STATEMENT AMENDMENT

Abraham A. Gutnicki
8320 Skokie Boulevard
Skokie, Illinois 60077

Doc#: 0604104242 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds
Date: 02/10/2006 12:45 PM Pg: 1 of 2

	THE ABOVE	SPACE IS FOR FILING OFFICE U	JSE ONLY
1a. INITIAL FINANCING STATEME (T.F. L.F. # 98869520		1b. This FINANCING STATEM to be filed [for record] (or record).	ecorded) in the S.
2. TERMINATION: Effectiveness of the Fullar sing Statement Identified about	ove is terminated with respect to security interest(s) of	the Secured Party authorizing this Term	ination Statement.
3. CONTINUATION: Effectiveness of the Firancing Statement identified continued for the additional period provided by a privable law.	above with respect to security interest(s) of the Sec	ured Party authorizing this Continuation	n Statement is
4. ASSIGNMENT (full or partial): Give name of assign se in item 7a or 7b	and address of assignee in item 7c; and also give nam	ne of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check or	ily one of these two boxes.	
Also check one of the following three boxes and provide appropriate iforma of	n in items 6 and/or 7.		
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.	ADD name: Complete item 7a o	or 7b, and also item 7c;
6. CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME]	0/T_	also complete terms 7 5 3 g (map	
OR 66. INDIVIDUAL'S LAST NAME	FIRE T NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	96	· · · · · · · · · · · · · · · · · · ·	<u> </u>
7a. ORGANIZATION'S NAME	77	1000	
76. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZAT: ONAL ID #, if a	any NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated col	lateral description, or describe collateral assign	ned.	

Box 400-CTCC

9a. ORGANIZATION'S NAME	this is a Termination authorized by a Debtor, check here and er		<u> </u>
CAREPLUS MANAGEMENT, INC) <u>.</u>		
96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

0604104242 Page: 2 of 2

STREET ADDRESS: 1635 114 N STREEFFIC AL : COPY CITY: DOLTON

TAX NUMBER: 29-13-100-001-0000

LEGAL DESCRIPTION:

THE EAST 459.992 FEET OF THE FOLLOWING LEGALLY DESCRIBED TRACT OF LAND:

THE NORTH 8.33 ACRES OF THE WEST 2/3 OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 13, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPTING THEREFROM THAT PART OF 154TH STREET (PULASKI ROAD) ACQUIRED BY PURCHASE FOR HIGHWAY PURPOSES AS DOCUMENT 14965069; ALSO EXCEPTING THEREFROM THAT PART OF STONY ISLAND AVE, DEDICATED FOR PUBLIC HIGHWAY AS DOCUMENT 15479947), IN COOK COUNTY, ILLINOIS.

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