UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDN FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	MENT	Doc#: 0633449258 F Eugene "Gene" Moore RHS Cook County Recorder of D Date: 11/30/2006 03:31 PM	P Fee:\$10.00 eeds
B. SEND ACKNOWLEDGMENT TO: (Name and Address) ANNA & STJEPAN BASIC 3900 W. CHASE			rg. 1 of 2
LINCOLNWOOD, IL 60712			
a. INITIAL FINANCING STATEMENT FRESH		THE ABOVE SPACE IS FOR FILING C	PFFICE USE ONLY
0331016004 TERMINATION: Effectiveness of the Financing Statement identified a CONTINUATION: Effectiveness of the Financing Statement identified	above is terminated with respect to se	REAL ESTATE R	STATEMENT AMENDMENT COORDS (or recorded) in the RECORDS. this Termination Statement
continued for the auditional period provided by applicable law. ASSIGNMENT (full or partial). Give name of assignee in it in 7a or 7h	ed above with respect to security inte	erest(s) of the Secured Party authorizing this Co	intinuation Statement is
AMENDMENT (PARTY INFORMATION): This Amendment a ccts Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. CURRENT RECORD INFORMATION	Dobtor In	record. Check only <u>one</u> of these two boxes.	e item 7a or 7b, and also item
6a. ORGANIZATION S NAME 6b. INDIVIDUAL'S LAST NAME	FIRS	MIDDLÉ NAME	e-/g(ifapplicable)
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	- 40,	WIDDLE NAME	SUFFIX
75. INDIVIDUAL'S LAST NAME BASIC	FIRST NAME.	MIDDLE NAME	SUFFIX
MAILING ADDRESS ADD'LINFO RE 178 TYPE OF ORGANIZATION	CITY	STATE POSTAL COL	DE COUNTRY
ADD'L INFO RE 7.6. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box	74, JURISDICTION OF ORGA		Π.,
escribe collateral deleted or added, or give entire restated colli-	ateral description, or describe collar	teral assigned,	20
AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A ds collateral or adds the authorizing Debtor or if this is a Termination authorized ORGANIZATION'S NAME	MENDMENT (name of assignor, if it ed by a Debtor, check here and e	this is an Assignment). If this is an Amendment a enter name of DEBTOR authorizing this Amend	uthorized by a Debtor which
FIRST BANK OF HIHGLAND PARK 10. IND-VIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
PTIONAL FILER REFERENCE DATA			SOLLIV

LOAN 1510

0633449258 Page: 2 of 2

UNOFFICIAL COPY

ABOVE SPACE or combine names MIDDLE	IS FOR FILING OFFI	CE USE ONLY
or combine names		CE USE ONLY
or combine names		CE USE ONLY
or combine names		CE USE ONLY
or combine names		CE USE ONLY
MIDDLE		
MIDDLE		
STATE	NAME	SUFFIX
STATE		
Oinic	POSTAL CODE	COUNTRY
11g. ORG	 GANIZATIONAL ID #, if a	ny NON
MIDDLE	NAME	SUFFIX
STATE	POSTAL CODE	COUNTRY
JIMIE	I GOINE GODE	OSSIMILI
T'S 0,	Ži.	
one box. Home Transaction	n — effective 30 years	Decedent's Estate
	one box. vith respect to prop one box. Home Transaction	one box. vith respect to property held in trust or \(\bigcap_{\text{\$\titt{\$\text{\$\exititt{\$\text{\$\texi{\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\tex{\$\text{\$\exitit{\$\text{\$\text{\$\text{\$\texitex{\$\text{\$\text{\$\e