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## 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)   | PS2 For PS2 |  |
| Corporation Service Company SUITE 2320 33 North LaSalle Street                                |             |  |
| Chicago, IL 60602   |             |  |
| 4 3 1 0 0 5 9<br>680356-1   | 3 3 8       |  |

Doc#: 0635539090 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 12/21/2006 02:40 PM Pg: 1 of 2

|   |   | 680356-1                       | _                              | <u> </u>                                    |   |  |                    |  |
|---|---|--------------------------------|--------------------------------|---|---|--|--------------------|--|
|   |   |                                |                                | THE ABOVI                                   |   | R FILING OFFICE L  |                    |  |
| 1a. INITIAL FINANCING STATEMENT (ILE # 0323733160 Date: 08/25/2003 B; P:  |   |                                |                                |   | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the |  |                    |  |
|   |   |                                |                                | REAL ESTATE RECORDS.                        |   |  |                    |  |
| 2. TERMINATION:   | Effectiveness of the Fi                         | na. Jing Statement identif     | ied above is terminated with r | espect to security interest(s)              | of the Secured Par  | ty authorizing this Term   | ination Statement. |  |
|   | Effectiveness of the<br>ditional period provide |                                | ntified above with respect to  | security interest(s) of the Se              | ecured Party autho  | orizing this Continuation  | Statement is       |  |
| 4. ASSIGNMENT (full   | l or partial): Give nar                         | me of assignee in ite m 75     | or 7b and address of assigne   | e in item 7c; and also give na              | me of assignor in i   | item 9.  |                    |  |
| 5. AMENDMENT (PART  | Y INFORMATION                                   | l): This Amendment affect      | ctr Debtor <u>or</u> Secu      | red Party of record. Check                  | only <u>one</u> of these t  | wo boxes.  |                    |  |
| Also check one of the following   | owing three boxes an                            | d provide appropriate inf      | matic i 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. |   |                                |                                | me: Give record name<br>d in item 6a or 6b. |   | ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |                    |  |
| 6. CURRENT RECORD I   | NFORMATION:                                     |                                | 0/                             |   |   |  |                    |  |
| 6a. ORGANIZATION'S  | NAME  |                                | 7                              |   |   |  | ·                  |  |
|   |   |                                | '                              |   |   |  |                    |  |
| OR 6b. INDIVIDUAL'S LAS   | TNAME   |                                | FIRST NAME                     |   | MIDDLE I  | VAME   | SUFFIX             |  |
|   |   |                                |                                | ),  |   |  |                    |  |
| 7. CHANGED (NEW) OR   | ADDED INFORMAT                                  | ION:                           |                                | 42  | <u> </u>  |  |                    |  |
| 7a. ORGANIZATION'S  | NAME  |                                |                                | <del>-//</del> /,                           |   |  |                    |  |
| DADEMATI  | ONAL DAN  | AL YOUTHOU                     | COD DV MEDA                    | CD TO DECEN                                 | JOV CAV   | INICC DANIZ  | -                  |  |
| OR PARK NATIONAL BANK AS SUCESSOR E   |   |                                | FIRST NAME                     | FIRST NAME                                  |   | I SAVINOS DAINE  |                    |  |
|   |   |                                |                                | <b>C</b> /                                  | ·   |  | SUFFIX             |  |
| 7c. MAILING ADDRESS   |   | • • •                          | CITY                           |   | STATE   | POSTAL CODE  | COUNTRY            |  |
| 11 W MADIS  | ON  |                                | OAK P.                         | A D IV                                      | II  | 60302  | USA                |  |
|   |   | T===========                   |                                |   |   |  |                    |  |
| 7d. SEEINSTRUCTIONS   | ADD'L INFO RE<br>ORGANIZATION                   | 7e. TYPE OF ORGANIZA           | ATION 7f. JURISDICTI           | ON OF ORGANIZATION                          | 7g CRG/   | ANIZATIONAL ID#, if a  | ny                 |  |
|   | DEBTOR  |                                |                                |   |   |  | NONE               |  |
| 8. AMENDMENT (COLL  | ATERAL CHANG                                    | E): check only <u>one</u> box. |                                |   |   |  |                    |  |
| Describe collateral d   | eleted or added,                                | or give entire restate         | ed collateral description, or  | describe collateral 🕱 assid                 | aned.   | /><-   |                    |  |
| 1937 Central  | · ·   |                                |                                |   | ~   |  |                    |  |
|   |   |                                |                                |   |   | 4  |                    |  |

Debtor: GEORGE H HOLLEY

9. NAME 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 adds 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 ASSOCIATION

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

10.OPTIONAL FILER REFERENCE DATA

IL-Cook County





## EXHIBIT "A"

## LEGAL DESCRIPTION OF REAL ESTATE

LOTS 3, 4, 5 IN E.E. BETT'S RESUBDIVISION OF LOTS 8 AND 9 IN BLOCK 21 IN NORTH EVANSTON IN THE SOUTH SECTION OF QUILMETTE RESERVATION IN TOWNSHIP 42 NORTH, RANGE 13, EAST OF THE THIND PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

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for its action of Columnia Column The Real Property or its address is commonly known as 1937-39 W. Central Street, Evanston, IL 60201. The Real Property (av Identification number is 05-34-422-015