MNOFFICIAL COPY

					+		######################################	@26.50	
			MENT AMEND Dack) CAREFULLY	MENT		Doc	Ooc#: 0701010020 Fee: \$26,50 Doc#: Moore RHSP Fee:\$10.00 Eugene "Gene" Moore of Deeds Cook County Recorder of Deeds Date: 01/10/2007 09:52 AM Pg: 1 of 2		
Α.	NAME & PHONE OF CO	* .	-	(818) 662- 414 1		Coo	k County Free 09:	52 AM 19.	
В. 3	SEND ACKNOWLEDGE	MENT TO: (Name and	Mailing Address) 8839 GM	MACCM- SUPERVI		_			
UCC Direct Services 998239			2392	and the second seco					
	P.O. Box 29	9071 CA 91209-9071	a COL				, we see that the second		
	Gleridale, C	A 91209-9071	LE W		THE ABOVE	SPACE I	S FOR FILING OFFICE I	JSE ONLY	
	INITIAL FINANCING 0020703123		CC IL Cook+			▼ to b	FINANCING STATEME e filed [for record] (or rec L ESTATE RECORDS.	NT AMENDMENT is orded) in the	
Ž.	TERMINATION:			d above is terminated with respe					
3.	X CONTINUATION continued for the ac	 Effectiveness of the Iditional period provided 		d above with respect to the secu	rity interest(s) of the Secured	l Party aut	norizing this Continuation	Statement is	
4.	ASSIGNMENT (full or partial): Give n	name of ass gne e in item 78	a or 7b and address of assign	nee in 7c; and also give r	name of a	ssignor in item 9.		
	Also check one of th	e following three box d/or address: Give curre	This Amendment affects [tes and provide appropriation for the contract of the	Le information in items 6 and/ b); also give new DELI	orty of record. Check only <u>on</u> for 7. ETE name: Give record name deleted in item 6a or 6b.	- e	two boxes. ADD name: Complete itelem 7c; also complete itel		
6. C	URRENT RECORD	INFORMATION:		0/					
	62 ORGANIZATION'S	NAME BANK NATIO	ONAL ASSOCIA	ATION U/T/A DA	TED 6/18/73,	ALSO	Cont On Adden.		
OR	6b. INDIVIDUAL'S LAS			FIRST NAME		MIDDLE N		SUFFIX	
7. C	HANGED (NEW) OF	ADDED INFORMA	TION:	4/2)		<u> </u>		
r	7a. ORGANIZATION'S	NAME			7				
OR	7b. INDIVIDUAL'S LAS	Г NAME		FIRST NAME	C	MIDDLE N	AME	SUFFIX	
7c. MAILING ADDRESS			CITY	(0)	STATE	POSTAL CODE	COUNTRY		
7d. §	SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF C	DRGANIZATION	O',	NIZATIONAL ID #, if any	NONE	
-		deleted or added	· · ·	collateral description, or descr	ribe collateral assigned		III.Co		

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 AMERICAN FIDELITY ASSURANCE COMPANY 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX 10. OPTIONAL FILER REFERENCE DATA 9982392 Debtor Name: LASALLE BANK NATIONAL ASSOCIATION U/T/A DATED 6/18/73, ALSO KNOWN AS TRUST NO.46073 L 126035075 NT (FORM UCC3) (REV. 05/22/02)

Prepared by UCC Direct Services, P.O. Box 2907 (Glendale, CA 91209-9071 Tel (800) 331-3282

Prepared by UCC Direct Services, P.O. Box 29071 Glendale, CA 91209-9071 Tel (600) 331-3282

⁻0701010020 Page: 2 of 2⁻

UNOFFICIAL COPY

UC FO	C FINANCIN LLOW INSTRUC	IG STATEME	NT AMENDMEN d back) CAREFULLY	IT ADDENDUM				
			E# (same as item 1a on Amen					
			CC IL Cook+	,				
12.	NAME of PARTY AUT	HORIZING THIS AME	NDMENT (same as Item 9 on Ame	ndment form)				
	AMERICAN FIDELITY ASSURANCE COMPANY							
OR	12b. INDIVIDUAL'S (AST NAME	FIRST NAME	MIDDLE NAME, SUFFI)				
42	lso this space for							

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

FULL TEXT OF ITEM 6: LASALLE BANK NATIONAL ASSOCIATION U/T/A DATED 6/18/73, ALSO KNOWN AS TRUST NO.46073

Description: PROPERTY ADDRESS: 420, ACADEMY DR. NORTHBROOK, IL. TAX PARCEL #S: 04053010070000, 04053010090000 LEGAL DESCRIPTION: 1 OT 6 AND THE EAST 20 FEET OF LOT 5 IN BLOCK 1 IN FIRST RESUBDIVISION OF SKY HARBOR INDUSTRIAL P/.RF. UNIT 1 IN THE SOUTH 1/2 OF SECTION 5, TOWNSHIP 42 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIA'S, IN COOK COUNTY, ILLINOIS. Parcel ID: 04053010070000, 04053010090000