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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A, NAME & PHONE OF CONTACT AT FILER [optional] Jennifer Palasik 410-568-6229 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Doc#: 0711749182 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Date: 04/27/2007 04:06 PM Pg: 1 of 3

Eastern Savings Bank, fsb 11350 McCormick Road EP II, Suite 200)i		
Hunt Valley, MD 21031			 V
1a. INITIAL FINANCING STATEMENT FILL F Document Number 051920525° Filed 7/11/2005 Cook	County, IL	CE IS FOR FILING OFFICE USE C 1b. This FINANCING STATEMENT A to be filed [for record] (or recorde REAL ESTATE RECORDS.	MENDMENT is ed) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is 3. CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by about about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period provided by about a part of the additional period peri	e with respect to security interest(s) of the Secured	Party authorizing this Continuation State	ment is
Also check one of the following three boxes and provide appropriate information in ite	tor <u>or</u> Secured Party of record, Check only <u>on</u>		and also item 7c:
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	to be deleted in item 6a or 6b.	also complete items 7e-7g (if applicab	le).
OR 6b. INDIVIDUAL'S LAST NAME Tolevski	FIRST, JAME Nikolina	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
OR 75. 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 ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. URGANIZATIONAL ID#, if any	NONE
8, AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral deleted or added, or give entire restated collatera	al description, or describe collateral assigned.	Office	

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

FIRST NAME

MIDDLE NAME

SUFFIX

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

9b. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA

0421609249

Eastern Savings Bank, fsb

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UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY |

14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

15a, ORGANIZATION	AUTHORIZING THIS	3 / WILLIAM (+====	as item 9 on Amendment form)	_			
1							
Eastern Savin	ST NAME	FIRST NAME	MIDDLE NAME, SUF	FIX			
				4			
MISCELLANEOUS							
	0						
		9.				FOR FILING OFFICE	USE ONLY
		L LEG NAME - insert	only <u>one</u> name (17a or 17b) - do not ab	breviate or combine nar	nes		
17a, ORGANIZATION	SNAME						
17b. INDIVIDUAL'S LA	ST NAME	$\Theta_{\mathcal{F}}$	FIRST NAME		MIDDLE N	AME	SUFFIX
Pavlovski			Ljubin		STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS			CITY		SIMIE	POSTAL CODE	
d. SEEINSTRUCTIONS	ADD'L INFO RE	17e. TYPE OF ORGANIZ	ATION 77 JURISDICTION OF O	RGANIZATION	17g. ORG	ANIZATIONAL ID #, if any	
<u>VECTIVE LITE OF THE PARTY OF T</u>	ORGANIZATION DEBTOR	1	T		١		NC
	TOR'S EXACT FUL	L LEGAL NAME - inser	only <u>one</u> name (18 i or 18t) - do not a	obreviate or combine na	mes		
18a. ORGANIZATION	SNAME		0,				
R 18b. INDIVIDUAL'S L	AST NAME		FIRST NAME)	MIDDLE N	AME	SUFFIX
Pavlovski			Cvetanka	<u> </u>			COUNTRY
c. MAILING ADDRESS			СПҮ		STATE	POSTAL CODE	COUNTRY
	A ODII INTO DE	18e. TYPE OF ORGANIZ	ATION 18f, JURISDICTION OF C	RGANIZA JOM	18g. ORG	ANIZATIONAL ID#, if any	,
d <u>seeinstructions</u>	ADD'L INFO RE	100. TTPE OF ORGANIZ	, that	10			
	ORGANIZATION	1			<u> </u>		
9, ADDITIONAL DEE	DEBTOR	LL LEGAL NAME - inse	t only <u>one</u> name (19a or 19b) - do not a	bbreviate or combine na	arr s		
9, ADDITIONAL DEE	DEBTOR STOR'S EXACT FUL	LL LEGAL NAME - inse	t only <u>one</u> name (19a or 19b) - do not a	bbreviate or combine na			
19a, ORGANIZATION	DEBTOR STOR'S EXACT FUL I'S NAME	LL LEGAL NAME - inser	t only <u>one</u> name (19a or 19b) - do not a	obbreviate or combine na	MIDDLE	VAME	SUFFIX
9, ADDITIONAL DEE 19a. ORGANIZATION OR 19b. INDIVIDUAL'S L	DEBTOR STOR'S EXACT FUL I'S NAME	LL LEGAL NAME - inser		bbreviate or combine na	MIDDLE	Usc.	SUFFIX
19a, ORGANIZATION	DEBTOR STOR'S EXACT FUL 'S NAME AST NAME	LL LEGAL NAME - inser		bbreviate or combine na	'S	POST IL CODE	
19a. ORGANIZATION 19b. INDIVIDUAL'S L 9c. MAILING ADDRESS	DEBTOR STOR'S EXACT FUL S NAME AST NAME		FIRST NÁMÉ CITY		MIDDLE	POST AL CUDE	SUFFIX
19a, ORGANIZATION OR 19b. INDIVIDUAL'S L	DEBTOR STOR'S EXACT FUL 'S NAME AST NAME ADD'L INFO RE ORGANIZATION	19e. TYPE OF ORGANI	FIRST NÁMÉ CITY		MIDDLE	Usc.	SUFFIX
19a. ORGANIZATION 19b. INDIVIDUAL'S L 9c. MAILING ADDRESS 9d. SEE INSTRUCTION:	DEBTOR STOR'S EXACT FULL S NAME AST NAME ADD'L INFO RE ORGANIZATION DEBTOR	19e. TYPE OF ORGANI	FIRST NAME CITY ZATION 19f. JURISDICTION OF C	ORGANIZATION	MIDDLE	POST AL CUDE	SUFFIX
19a. ORGANIZATION 19b. INDIVIDUAL'S L 9c. MAILING ADDRESS 9d. SEE INSTRUCTION:	DEBTOR STOR'S EXACT FULL IS NAME AST NAME AST NAME ADD'L INFO RE ORGANIZATION DEBTOR CURED PARTY'S	19e. TYPE OF ORGANI	FIRST NÁMÉ CITY	ORGANIZATION	MIDDLE	POST AL CUDE	SUFFIX
9c. MAILING ADDRESS 9d. SEEINSTRUCTION: 10. ADDITIONAL SE	DEBTOR STOR'S EXACT FUL 'S NAME AST NAME ADD'L INFO RE ORGANIZATION DEBTOR CURED PARTY'S N'S NAME	19e. TYPE OF ORGANI	FIRST NAME CITY ZATION 19f. JURISDICTION OF C	ORGANIZATION	MIDDLE	POSTAL CODE GANIZATIONAL D.; If an	SUFFIX
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19a. ORGANIZATION 19b. INDIVIDUAL'S L 9c. MAILING ADDRESS 9d. SEEINSTRUCTION: 10. ADDITIONAL SE 20a. ORGANIZATIO DR 20b. INDIVIDUAL'S	DEBTOR STOR'S EXACT FUL 'S NAME AST NAME AST NAME ADD'L INFO RE ORGANIZATION DEBTOR CURED PARTY'S N'S NAME LAST NAME	19e. TYPE OF ORGANI	FIRST NAME CITY ZATION 19f. JURISDICTION OF (L ASSIGNEE) - insert only one name (ORGANIZATION	STATE	POSTAL CODE GANIZATIONAL D.; If an	SUFFIX
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19a. ORGANIZATION 19b. INDIVIDUAL'S L 9c. MAILING ADDRESS 9d. SEEINSTRUCTION: 20a. ORGANIZATIO DR 20b. INDIVIDUAL'S 20c. MAILING ADDRESS 21. ADDITIONAL SE	DEBTOR STOR'S EXACT FUL 'S NAME AST NAME ADD'L INFO RE ORGANIZATION DEBTOR CURED PARTY'S N'S NAME LAST NAME CURED PARTY'S	19e. TYPE OF ORGANI 	FIRST NAME CITY ZATION 19f. JURISDICTION OF C L ASSIGNEE) - insert only one name (FIRST NAME	ORGANIZATION 20a or 20b)	MIDDLE STATE 19g. ORG	POST AL CODE GANIZATIONAL D.V. If an	SUFFIX SUFFIX
19a. ORGANIZATION 19b. INDIVIDUAL'S L 9c. MAILING ADDRESS 9d. SEE INSTRUCTION 20 ADDITIONAL SEE 20a. ORGANIZATIO 20b. INDIVIDUAL'S 20c. MAILING ADDRESS	DEBTOR STOR'S EXACT FUL 'S NAME AST NAME ADD'L INFO RE ORGANIZATION DEBTOR CURED PARTY'S N'S NAME LAST NAME CURED PARTY'S	19e. TYPE OF ORGANI 	CITY ZATION 19f. JURISDICTION OF O L ASSIGNEE) - insert only one name (FIRST NAME CITY AL ASSIGNEE) - insert only one name	ORGANIZATION 20a or 20b)	MIDDLE STATE 19g. ORG	POSTAL CODE GANIZATIONAL D. If an Investment of the Investment of	SUFFIX SUFFIX COUNTRY
19a. ORGANIZATION R 19b. INDIVIDUAL'S L 9c. MAILING ADDRESS 9d. SEEINSTRUCTION: 20a. ORGANIZATIO DR 20b. INDIVIDUAL'S 20c. MAILING ADDRESS 21. ADDITIONAL SE 21a. ORGANIZATIO	DEBTOR STOR'S EXACT FUL 'S NAME AST NAME AST NAME ADD'L INFO RE ORGANIZATION DEBTOR CURED PARTY'S N'S NAME CURED PARTY'S N'S NAME	19e. TYPE OF ORGANI 	FIRST NAME CITY ZATION 19f. JURISDICTION OF C L ASSIGNEE) - insert only one name (FIRST NAME CITY	ORGANIZATION 20a or 20b)	MIDDLE STATE 19g. ORG	POSTAL CODE GANIZATIONAL D. If an Investment of the Investment of	SUFFIX SUFFIX
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UC	C FINANCING STATE	MENT AMENDME	NT ADDENDUM		
FOL	LOW INSTRUCTIONS (front and ba	ck) CAREFULLY			
11.	INITIAL FINANCING STATEMENT F	TLE # (same as item 1a on Amen	dment form)		
Do	ocument Number 05192052	59 Filed 7/11/2005 Co	ok County, IL		
12.	NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME	THIS AMENDMENT (same as i	tem 9 on Amendment form)		
	Eastern Savings Bank, fsb				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
13.	Use this space for additional informa	ation			

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Lot 3 in Kline Subdivision of part of the Southeast 1/4 of the Northeast 1/4 of Section 35, Township 38 North, Range 12, East of the Third Principal Meridian, n Cook County, Illinois.

Commonly Known As: 8125 West Thomas Street, Justice, IL 60458 et,.
COOK COUNTY CLOTH'S OFFICE

Parcel Number: 18-35-226-014-0000