## UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 10656 PRIME ACCEPTAN **UCC Direct Services** 11807556 P.O. Box 29071 Glendale, CA 91209-9071

Doc#: 0722010000 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds

Date: 08/08/2007 08:11 AM Pg: 1 of 2

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1a, INITIAL FINANCING STATEMENT FILE#		- 10			
0708910065 03/30/07 CC IL Cook+		1b. This FINANCING STATEMENT A to be filed [for record] (or recorde REAL ESTATE RECORDS.	d) in the		
X TERMINATION: Effectiveness of he innocing Statement identified above is ferminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.					
3. CONTINUATION: Effectiveness of the rina cirg Statement identified abordinued for the additional period provided by app. calle law.	we with respect to the security interest(s) of the Secur	ed Party authorizing this Continuation State	ement is		
4. ASSIGNMENT (full or partial): Give name of assigned in item 7a or 7	b and address of assignee in 7c; and also give	name of eccionaria in its and	<del>-</del>		
5. AMENDMENT (PARTY INFORMATION): This Amendment affects.					
Also check one of the following three boxes and provide apr ropria.e info CHANCE name and/or address: Give current record name in item to or fit, also name (if name change) in item 7a or 7b and/or new address (if address change)	primation in items 6 and/or 7.		or 7b, and also d-7o (if applicable)		
6. CURRENT RECORD INFORMATION:	1/		- / g (// opplicable)		
6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME	$\tau_{\bigcirc}$				
	FIRST TAME	MIDDLE NAME	SUFFIX		
FREGOSA	BEATRIZ	i i			
7. CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>		
7a ORGANIZATION'S NAME	4		***		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
d. SEE INSTRUCTION ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	73. OLGANIZATIONAL ID #, if any	NONE		
B. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collate PARCEL: 16-36-313-019-0000	eral description, or describe collateral assigne	d.			

<ol><li>NAME OF SECURED PARTY OF RECORD AL adds collateral or adds the authorizing Debtor, or if the</li></ol>	JTHORIZING THIS AMENDMENT (name of assignor, if this is its is a Termination authorized by a Debtor, check here and en	s an Assignment). If this is an Amendment author	rized by a Debtor whic
93. ORGANIZATION'S NAME PRIME ACCEPTANCE C		and a second distribution of the American	a 11,
9b. INDIVIDUAL'S LAST NAME	- FIRST NAME	MIDDLE NAME	SUFFIX
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11807556 Debtor Name: FREGOSA, Beatriz

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

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## **UNOFFICIAL COPY**

U( FO	C FINANCIN	IG STATEME TIONS (front an	NT AMENDMEN d back) CAREFULLY	IT ADDENDUM
			E # (same as item 1a on Amen	dment form)
			CC IL Cook+	·
12.	NAME of PARTY AUT	HORIZING THIS AME	NDMENT (same as item 9 on Ame	ndment form)
	12a ORGANIZATIOI			
OR	12b. INDIVIDUAL'S L	AST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13.	Use this space for	additional informa	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: SOUTH2 N2 SW4 \$5,5036 SW4SW4 S36 T39N R13E 3P. Parcel ID: 16-36-313-019-0000