

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] DILIGENZ, INC. 1-800-858-5294 B. SEND ACKNOWLEDGMENT TO: (Name and Address) 25503192 PREPARED BY: 01 DILIGENZ, INC. 6500 HARBOUR HEIGHTS PKWY, MUKILTEO, WA 98275 Filed In: Illinois Cook Doc#: 0723906003 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 08/27/2007 08:45 AM Pg: 1 of 2

1a. INITIAL FINANCING STATE WE' FILE #	THE ABOV	E SPACE IS FOR FILING OFFICE L	USE ONLY
98119054 02/13/10/9		1b. This FINANCING STATEM	IENT AMENDMENT IS
TERMINATION: Effectiveness or the Financing Statement identified above CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by a plicable law.	ve is terminated with respect to security interest(s) of	of the Secured Party authorizing this Term	ination Statement.
			Statement is
ASSIGNMENT (full or partial): Give name of assigner in item 7a or 7b ar AMENDMENT (PARTY INFORMATION): This are	nd address of assignee in item 7c; and also give na	me of assignor in item 9	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate in ormalion in CHANGE name and to the following three boxes and provide appropriate in ormalion	Dobtes G	nly one of these two boxes.	
in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION.	in items 6 and/or 7. DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a o also complete items 7e-7g (if app	r7b, and also item 7c; plicable).
6a. ORGANIZATION'S NAME RAPHINGTON DI ACCESTO	9/		
OR 66. INDIVIDUAL'S LAST NAME	T		· · ·
	FIRE (NAM. E	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	77/1		
7c. MAILING ADDRESS	FIRST NAME	MIDDLE NAME	SUFFIX
MALING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	/
8. AMENDMENT (COLLATERAL CHANGE): check only one box.		7,	□ NONE
Describe collateral deleted or added, or give entire restated collater **IN TRUST FOR HOLDERS OF COMMERCIAL MORTGAGE AC SERIES 1998-C1	ral description, or describe collateral assigne	ed. PRTGAGE PASS-T'/RG/UGH CER	ttificates,

9a. ORGANIZATION'S NAME	HORIZING THIS AMENDMENT (name of assignor, if to Termination authorized by a Debtor, check here and e	this is an Assignment). If this is an Amendment auth enter name of DEBTOR authorizing this Amendmen	orized by a Debtor which
OR LASALLE BANK NATIONA 9b. INDIVIDUAL'S LAST NAME 10.OPTIONAL FILER REFERENCE DATA	AL ASSOCIATION, F/K/A LAS	ALLE NATIONAL BANK, A	AS TRUSTEE
940908664/LLB			

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UNOFFICIAL COPY

Legal Description

The real property situated in the County of Cook, State of Illinois, described as follows:

THE EAST 20 RODS OF THE NORTHEAST % OF THE SOUTHWEST % OF SECTION 12, TOWNSHIP 42 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Street Address: 18 E. Dundee Loy I. Sarrington, Illinois

Permanent Tax Index Numbers: 01-19:301-005; 01-12-301-006