## **MNOFFICIAL COPY**

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## 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) 15715 BANK FINANCIAL **UCC Direct Services** P.O. Box 29071 Glendale, CA 91209-9071

Doc#: 0807410202 Fee: \$38.50 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 03/14/2008 04:02 PM Pg: 1 of 2

		THE ABOVE SPACE IS FOR FILING OFFIC	CE USE ONLY	
INITIAL FINANCING STATEM(N) FILE# 0733217090 11/25/57 CC IL Cook	+	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
X TERMINATION: Effectiveness of ne F nancing Statement iden	tified above is terminated with respect to security	interest(s) of the Secured Party authorizing th	is Termination Statement.	
CONTINUATION: Effectiveness of the Financing Statement identional period provided by ppl cable law.	tified above with respect to the security interest(s	of the Secured Party authorizing this Continu	ation Statement is	
ASSIGNMENT (full or partial); Give name of assigned in ite			9.	
MENDMENT (PARTY INFORMATION): This Amendment, affect		Check only one of these two boxes.		
Also check <u>one</u> of the following three boxes <u>and</u> provide apr of CHANGE name and/or address: Give current record name in item 3a name (if name change) in item 7a or 7b and/or new address (if address	or 6b; also give new ☐ DELETE name: G		e item 7a or 7b. and also e items 7d-7g (if applicabl	
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	<del>-</del>			
6b. INDIVIDUAL'S LAST NAME	FIRS NAME	MIDDLE NAME	SUFFIX	
PRUS	JENNIFER			
	JEI4KB LIK			
CHANGED (NEW) OR ADDED INFORMATION:    To a ORGANIZATION'S NAME				
CR. ONORRECTION O NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
MAILING ADDRESS	СІТУ	STATE POSTAL CODE	COUNTRY	
SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	ATION 7f. JURISDICTION OF ORGANIZAT	ON 7g. ORGANIZATIONAL ID #, if	any	
AMENDMENT (COLLATERAL CHANGE): check only one bo Describe collateral deleted or added, or give entire resta  Pavcc   IP: 13-07-116-0	ted collateral description, or describe collater	at assigned.		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THE				
adds collateral or adds the authorizing Debtor, or if this is a Termination a  9a. ORGANIZATION'S NAME  BANKFINANCIAL, F.S.B.	utnorized by a Debtor, check here and enter i	name of DEBTOR authorizing this Amendment	k.	
9b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
0. OPTIONAL FILER REFERENCE DATA				

1900011451/3117

13731621 Debtor Name: Prus, Jennifer jb/317

10. OPTIONAL FILER REFERENCE DATA

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## **UNOFFICIAL CO**

11.	INITIAL FINANCIN	G STATEMENT FIL	E # (same as item 1a on Ame	ndment form)
			CC IL Cook+	,
12.	NAME of PARTY AUT	HORIZING THIS AME	NDMENT (same as item 9 on Ame	ndment form)
	BANKFINA	NS NAME ANCIAL, F.S	S.B.	
OR	12b. INDIVIDUAL'S L	ACT MAME	FIRST NAME	MIDDLE NAME, SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: lot 4 block 1 in water c, mointosh's second addition to norwood heights, a sub of lot 6 in superior court partition of part of the north 1/2 of section 7, townsh o 10 north, range 13 east of the third principal meridian, in cook county, illinois property 6811 W Higgins Rd, Chicago IL pin 13-07-116-037. Parcel ID: 13-07-118-007 Pa.

Ox Cook Colling Clark's Office