

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY
A NAME & PHONE OF CONTACT AT FILER [optional]
ChoicePoint BIS, A Hayes (770)369-8677
B. SEND ACKNOWLEDGMENT TO: (Name and Address)

ChoicePoint BIS, A Hayes

2885 Breckinridge
Suite 200
Duluth, GA 30096

Doc#: 0814115165 Fee: \$44.50 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Date: 05/20/2008 03:23 PM Pg: 1 of 5

1	Duluth, GA 30096	A Company		
	L D			
<u> </u>		THE AB	OVE SPACE IS FOR FILING OFFICE USE	ONI V
1a. IN	IITIAL FINANCING STATEME IT FI .E #		1b. This FINANCING STATEMENT	
ססם	10/31/03		to be filed [for record] for record	ded) in the
2.	TERMINATION: Effectiveness of the F. anning Statement identified above	e is terminated with respect to		
3. _X				on Statement
	continued for the additional period provided by a plicable law. Original	ar rinancing statement sti	.il in effect.	atement is
4.	ASSIGNMENT (full or partial). Give name of assign e in tem 7a or 7b an	d address of assignee in item 7c; and also give	A name of perigner is item 0	
5. AN		Debtor or Secured Party of record. Che		
Als	so check one of the following three boxes and provide appropriate information in	n items 6 and/or 7	eck only <u>one</u> of these two boxes.	•
	CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name	ADD name: Complete item 7a or 7b,	
6. CL	JRRENT RECORD INFORMATION:	to be deleted in item 6a or 6b.	also complete items 7e-7g (if applica	and also item 7c; ble)
6	Sa. ORGANIZATION'S NAME A MEDICANI NIA TIONIAI	NIC O TRUCT CONC		
	SA, ORGANIZATION'S NAME AMERICAN NATIONAL	BEING & TRUST COMP	'ANY OF CHICAGO, NOT	PERSONALLY
	BUT SOLELY AS TRUST	EE UNDER TRUST AG	REEMENT ***	
	- · · · · · · · · · · · · · · · · · · ·	FIRS NAME	MIDDLE NAME	SUFFIX
		0,		
	IANGED (NEW) OR ADDED INFORMATION:	96		
'	a. ORGANIZATION'S NAME			
OR -		1		
7	b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ı			THE SEE TANKE	SUFFIX
7c, MA	AILING ADDRESS	CITY		
		Sitt	STATE POSTAL CODE	COUNTRY
7d. SE	EINSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	75 NIGIODIOTION		
	ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
	DEBTOR		0.	NONE
o. Aly	ENDMENT (COLLATERAL CHANGE): check only one box.			<u> </u>
Des	cribe collateral 🔲 deleted or 🔲 added, or give entire 🔲 restated collate	eral description, or describe collateral	ssigned.	
		3		

adds collateral or adds the authorizing Debtor, or if this is a 1 9a. ORGANIZATION'S NAMEWELLS FARGO 9b. INDIVIDUAL'S LAST NAME	D BANK MINNESOTA, N.A.	MIDDLE NAME	SUFFIX
D. OPTIONAL FILER REFERENCE DATA			

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Ü	CC FINANCIN	IG STATEME	NT AMEND	MENTAR		1		
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11	. INITIAL FINANCING	STATEMENT FILE	# (same as item 1a on	n Amendment form)		1		
Doc	#0330422045		0/31/03	,				
12	NAME OF PARTY	AUTHORIZING THIS	AMENDMENT (sam	ne as item 9 on Ame	ndment form)	1		•
12a. ORGANIZATION'S NAME WELLS FARGO BANK MINNESOTA, N.A.								
OF	12b. INDIVIDUAL'S L	AST NAME	FIRST NAME		MIDDLE NAME, SUFFIX	ļ		
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ANNEX ONE

Legal Description

Address:

1802 - 1884 Johns Drive, Glenview, Cook County, Illinois

Permanent Index Number:

04-27-202-004-000

Lot I in Kaiser's Subdivision in the South East 1/4 of the North East 1/4 of Section 27, Township 42 North, Range 12 East of the Third Principal Meridian, according to the Plat thereof recorded September 9, 1986 as Document No. 66419979, all in Cook County, Illinois.

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