UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT





Doc#: 0823318112 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 08/20/2008 03:53 PM Pg: 1 of 3

TERMINATION Effectiveness of the Final City Statement Identified above is reminated with respect to security interest(s) of the Secured Party authorizing the Forest Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing the Forest Continuation Statement Identified above with respect to security interest(s) of the Secured Party authorizing the Continuation Statement is continued for the additional period provided by an interest of Statement Identified above with respect to security interest(s) of the Secured Party authorizing the Continuation Statement is continued for the additional period provided by an interest of Statement Identified above with respect to security interest(s) of the Secured Party authorizing the Continuation Statement is continuation Statement is continuation of Statement is continuation of Statement in Interest of Statement Interest of Statement Interest of Statement Interest of Statement Interest Intere	<u></u>	6	93464-4	THE ABOVE	SPACE IS FOR FILING OFFICE	
TERMINATION: Entertwenses of the Final Confidence body in Secured Party authorizing this Termination Statement of Confidence of the Address of the Final Confidence of the Address o	HINTIAL FINANCING STATEMENT FILF # 9431533047 Date: 01/16/2004 B: P:				to be filed [for record] (or REAL ESTATE RECORD	recorded) in the S.
CONTINUATION: Effectiveness of the Final princip Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by an Scale in the Continuation Statement is a Statement of the additional period provided by an Scale in the Continuation Statement is a Statement of the additional period provided by an Scale in the Continuation Statement is a Statement of the Statement In the Continuation Statement In the Continuation Statement In the Continuation Statement In the Statement	TERMINATION: Ef	fectiveness of the line	and in Statement identified above is	terminated with respect to security interest(s) o	of the Secured Party authorizing this Ter	mination Statement.
MENDMENT (PARTY INFORMATION): This Amendment afficial* Debtor or all secured Party of record. Check only gag of these two boxes listor-check gag of the following three boxes and provide appropriate in immation in terms 6 and/or 7: OR AND/OR many and/or immation and/or or o	CONTINUATION:	Effectiveness of the F	ina cin Statement identified abov	ve with respect to security interest(s) of the Sec	cured Party authorizing this Continuati	on Statement is
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 whodes collateral and disc the authorized by a Debtor whodes collateral and disc the authorizing pixer. 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 whodes collateral or design and authorized by a Debtor whodes collateral or design and authorized by a Debtor whodes collateral or design and authorized by a Debtor whose collateral and so the authorizing pixe Amendment. 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 whodes collateral or adds the authorizing pixe Amendment.	ASSIGNMENT (full	or partial): Give name	e of assigned in Part 7a or 7b and a	ddress of assignee in item 7c; and also give nar	me of assignor in item 9.	
CHANGE name and/or address. Please refer the detailed instructions in regards to bring the advances of a party commence of the process of a party commence of the process of a party commenced on the party com				_ _	nly <u>one</u> of these two boxes.	
UNRENT RECORD INFORMATION: STATE-WALTON LLC C/O MIDWEST PROI ERTY MGMT So RIDIVIDUALS LAST NAME CHANGED (NEW) OR ADDED INFORMATION: To ORGANIZATION S NAME TO INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY SEE INSTRUCTIONS ADD'L INFO RE TO TYPE OF ORGANIZATION ORGANIZATION AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or deleted or describe collateral description, or describe collateral description. 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 with adds collateral objection of organization authorized by a Debtor with adds collateral or adds the authorizing Debtor, or if this is a a Termination authorized by a Debtor with adds collateral or adds the authorizing Debtor, or if this is a a Termination authorized by a Debtor with adds collateral or adds the authorizing Debtor, or if this is a a Termination authorized by a Debtor with adds collateral or adds the authorizing Debtor, or if this is a a Termination authorized by a Debtor with adds collateral or adds the authorizing Debtor, or if this is a a Termination authorized by a Debtor with adds collateral or adds the authorizing Debtor, or if this is a a Termination authorized by a Debtor with adds collateral or adds the authorizing Debtor, or if this is a a Termination authorized by a Debtor with the properties of the prop	Also check one of the follo	wing three boxes and	provide appropriate ir 'ormation in ite	☐ DELETE name: Give record name	ADD name: Complete item 7	a or 7b, and also item 7c
STATE-WALTON LLC C/O MIDWEST PROFERTY MGMT Sit individual stast name SUFFIX CHANGED (NEW) OR ADDED INFORMATION: To ORGANIZATIONS NAME To INDIVIDUAL STAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION DESTOR AMENDMENT (COLLATERAL CHANGE): check only side box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 we adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor we adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor we adds collateral or adds to lateral or adds to lateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor we adds collateral or adds to lateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor we adds collateral or adds to lateral or adds.	in regards to changing t	he name/address of a pa	arty.	to be deleted in item 6a or 6b.	also complete items /e-/g (if:	аррисавіе).
STATE-WALTON LLC C/O MIDWEST PROFERTY MGMT Bb. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: Ta ORGANIZATION'S NAME MIDDLE NAME MIDDLE NAME MIDDLE NAME SUFFIX ORGANIZATION TO THE POSTAL CODE COUNTRY ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral deleted or added, or give entire estated collateral description, or describe collateral assigned. 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 will add so the authorizing Debbor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. THE PRUDENTIAL INSURANCE COMPANY OF AMERICA						
CHANGED (NEW) OR ADDED INFORMATION: Ta ORGANIZATION'S NAME			C/O MIDWEST P	ROJERTY MGMT		AL IMPRISA
TALING ADDRESS ADDILINFO RE ORGANIZATION To TYPE OF ORGANIZATION To JURISDICTION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION To JURISDICTION OF ORGANIZATION ORGA	66. INDIVIDUAL'S LAST	FNAME		FIRS VAME	MIDDLE NAME	SUFFIX
TAE ORGANIZATION'S NAME FIRST NAME	CHANGED (NEW) OR A	ADDED INFORMATION	ON:	70		
MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY SEEINSTRUCTIONS ADD/LINFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only gine box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 whe 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. THE PRUDENTIAL INSURANCE COMPANY OF AMERICA						
MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY SEEINSTRUCTIONS ADD'L INFO RE OR TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DESCRIBE COLLATERAL CHANGE): check only gna box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 will 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. THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	8			IEIRST NAME	MIDDLE NAME	SUFFIX
SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION	17b. INDIVIDUAL'S LAS	FNAME		I IKO I IVAINE		
AMENDMENT (COLLATERAL CHANGE): check only gine box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 who 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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	MAILING ADDRESS			CITY	STATE POSTAL CODE	COUNTRY
AMENDMENT (COLLATERAL CHANGE): check only gine box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 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 who 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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA				TO A PROPRIOTION OF ODO ANIZATION	ORGANIZATIONAL ID#	fany
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 whe 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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	SEEINSTRUCTIONS	ORGANIZATION	7e. TYPE OF ORGANIZATION	7. JURISDIC HUN OF ORGANIZATION	0.	
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 whe 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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	AMENDMENT (COLL	ATERAL CHANGE): check only <u>one</u> box.		150	
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 whe 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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	Describe collateral de	eleted or added,	or give entire restated collaters	al description, or describe collateralassig	gnea.	
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 whe 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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA					Ö	
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 whe 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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA						
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 whe 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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA						
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 whadds 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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA						
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 whadds 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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA						
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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA						
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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA						
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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA						
9a. ORGANIZATION'S NAME THE PRUDENTIAL INSURANCE COMPANY OF AMERICA						
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA PLANT NAME SUFFIX	NAME OF SECURE	DARTY OF BEC	ORD AUTHORIZING THIS AM	IENDMENT (name of assignor, if this is an Ass	signment). If this is an Amendment auth of DEBTOR authorizing this Amendme	orized by a Debtor wh
96. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX	NAME OF SECURED adds collateral or adds th	D PARTY OF REC	ORD AUTHORIZING THIS AM or if this is a Termination authorized	IENDMENT (name of assignor, if this is an Ass by a Debtor, check here and enter name o	signment). If this is an Amendment auth of DEBTOR authorizing this Amendme	iorized by a Debtor wh
	NAME OF SECURED adds collateral or adds the sea ORGANIZATION'S THE PRITOF	D PARTY OF REC e authorizing Debtor, NAME	or if this is a Termination authorized	NY OF AMERICA	of DEBTOR authorizing this Amenome	nt.

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

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

0823318112 Page: 2 of 3

UNOFFICIAL COPY

Exhibit A LEGAL DESCRIPTION OF LAND

Lots 1, 2 and 3 (except the South 40.20 feet of the East 27.33 feet thereof) in the subdivision of the South half of Block 9 in Canal Trustee's Subdivision of the fractional quarter of Section 3, Township 39 North, also:

Lots 4 and 5 in the subdivision of the North half of Block 9 in Canal Trustee's Subdivision of the fractional quarter of Section 3, Township 39 North, Range 14 East of the Third Principal Meridian in Cook County, Illinois.

Dermanent Fredex numbers; 17-03-206-002-0000 17-03-206-003-0000 17-03-206-004-0000 17-03-206-005-0000

0823318112 Page: 3 of 3

UNOFFICIAL COPY

Exhibit D PERMITTED ENCUMBRANCES

- 1. Taxes for 2004 and subsequent years, which are not yet due and payable.
- Encroachment by the 2 story brick building located on Lot 1 of the Property over and 2. upon the public alley north and adjoining by approximately 0.25 fee, as shown on Plat of Survey prepared by Craig R. Knoche & Associates Civil Engineers, P.C., 4-060 dated per 21, Cook County Clark's Office Sept mber 21, and redated October 28, 2004.

Prudential Loan No. 6 105 294 State-Walton, LLC\mortgage)

AT1 32192078.2 / 28227-000483