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) 5028 SUBURBAN BANK &

CT Lien Solutions P.O. Box 29071

Glendale, CA 91209-9071



Doc#: 0831022045 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 11/05/2008 01:42 PM Pg: 1 of 1

	E EXAME	雅	THE ABO		FOR FILING OFFICE USE	
1a.	INITIAL FINANCING STATEMENT FILE # 0402817148 01/28/01 CC IL Cook+			X to be	FINANCING STATEMENT filed [for record] (or record , ESTATE RECORDS.	ed) in the
<u> </u>	TERMINATION: Effectiveness of the First cong Statement identified above	e is terminated w	ith respect to security interest(s) of	the Secured	arty authorizing this Termi	nation Statement.
3.	TERMINATION: Effectiveness of the Finuncing Statement identified above continued for the additional period provided by aprilimable law.	e with respect to	the security interest(s) of the Secu	red Party auth	orizing this Continuation St	atement is
4.	ASSIGNMENT (full or partial): Give name of as sign ac in item 7a or 7	7b and address	s of assignee in 7c; and also g	jive name o	assignor in item 9.	
	MENDMENT (PARTY INFORMATION): This Amendment afford Det	btor <u>or</u> Se	cured Party of record. Check only	one of these	wa boxes.	
	Also check one of the following three boxes and provide appropriate info CHANGE name and/or address: Give current record name in item 20 or 25 also name (if name change) in item 7a or 7b and/or new address (if address ich nge)		ns 6 and/or 7. DELETE name: Give record not to be deleted in item 6a or 6b.	ame A	DD name: Complete item 7 em 7c; also complete items	a or 7b, and also 7d-7g (if applicable)
6.	CURRENT RECORD INFORMATION:	<u> </u>				
	6a. ORGANIZATION'S NAME					
OR	6b. INDIVIDUAL'S LAST NAME	FIRST MAME		MIDDLE N	AME	SUFFIX
		ROB5	T & ANNA			1
_	AGINS	TOBE	37,111,1			
7.	CHANGED (NEW) OR ADDED INFORMATION:		-// /			
	7a. ORGANIZATION'S NAME					
OF	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	C	MIDDLE N	AME	SUFFIX
7c	MAILING ADDRESS	CITY	CV.	STATE	POSTAL CODE	COUNTRY
7d	SEE INSTRUCTION ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDIC	TION OF ORGANIZATION	7 ₉ . ORGA	NIZATIONAL ID#, if any	NONE
	AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated colla		. !a d may or cod!!	irad later	all arcessions, ad	dditions,
	APN: 20-22-215-021-0000. All Fixtures; whether any of the replacements, and substitutions relating to any of the fore relating to any of the foregoing (including insurance, generating to any of the foregoing (including insurance, generated to LOT 5 IN LUCY R. WALKER'S 64TH STREET NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL ITS ADDRESS IS COMMONLY KNOWN AS 6414-6418 IDENTIFICATION NUMBER IS 20-22-215-021-0000	eral intangit SUBDIVISI	oles and accounts proc	eeds) LC ST 1/4 O	T 6 AND 7 AND T F SECTION 22, TO THE REAL PROF	THE SOUTH 2 OWNSHIP 38 PERTY OR
						u a Dabler which

adds collateral or adds the authorizing Debtor, or if t	JTHORIZING THIS AMENDMENT (name of assignor, if this is a his is a Termination authorized by a Debtor, check here and enter	name of DEBTOR authorizing this Amendment	
9a. ORGANIZATION'S NAME SUBURBAN BANK & TR			SUFFIX
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	30771X

10. OPTIONAL FILER REFERENCE DATA

15974888 Debtor Name: AGINS, ROBERT & ANNA 12618 ROBERT AGINS