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UNOFFICIAL COPY



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Anita Harney, 734-459-8825

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

National City Bank Construction Loans 50-RF32-B7 535 S Main Street Plymouth MI 48170 Doc#: 0835103058 Fee: \$40.25 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 12/16/2008 09:48 AM Pg: 1 of 1

MMTC RESIDENTIAL I, LUC (Document #0714	4133220)	1b. This FINANCING STATE to be filed [for record] (or REAL ESTATE RECORD	MENT AMENDMENT is recorded) in the
2. TERMINATION: Effectiveness of the Finan .ing atement identified ab	ove is terminated with respect to security interest(s) of	the Secured Party authorizing this Termi	ination Statement.
 CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable faw. 	bove with respect to security interest(s) of the Secure	Party authorizing this Continuation State	ement is
4. ASSIGNMENT (full or partial): Give name of assignee in ite n7a or 7b a	nd address of assignee in item 7c; and also give name	of assignor in item 9	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debt Also check one of the following three boxes and provide appropriate information. CHANGE name and/or address: Give current record pages in item 62 or	or or Secured Party of record. Check only one of n in tems 6 and/or 7.	these two boxes.	
marile (if haine change) in item /a or /b and/or new address (if address d	be deleted in item 6a or 6b.	ADD name: Complete 7c; also complete item	item 7a or 7b, and also item is 7d-7g (if applicable)
6 CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	- D		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS d. TAX ID #: SSN OR EIN ADDL INFORE 7e TYPE OF ORGANIZATION	CITY 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE	COUNTRY
AMENDMENT (COLLATERAL CHANGE): check only one box	A SOMBULLION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if an	NONE
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateral assigned.	150	

0630717112, BEING A RESUBDIVISION OF PART OF BLOCK 6 OF OAK LAWN AND PART OF BLOCK 1 OF MINNICK'S OAK LAWN IN THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

P.I.N.: 24-09-107-016-0000, 24-09-107-017-0000, 24-09-107-032-0000, 24-09-107-033-0000

9. NAME OF SECURED PARTY OF RECORD AUTHOR		453	
9. NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Sa. ORGANIZATION'S NAME National City Bank, a National Ba	and a	in Assignment). If this is an Amendment au enter name of DEBTOR authorizing this Ar	thorized by a Debtor which mendment.
OR 96 INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10 OPTIONAL FILER REFERENCE DATA			!

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

My YIK