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UNOFFICIAL COPY

				2835183216			
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY		Doc#: 0835103016 Fee: \$40.25 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 12/16/2008 09:38 AM Pg: 1 of 1			SP Fee:\$10.00 eeds		
A. NAME & PHONE OF CONTACT AT FILER [optional] Anita Harney, 734-459-8825				3 1072000 03,00 AIVI	г у. тогт		
B. SEND ACKNOWLEDGMENT TO: (Name and Address)							
1							
National City Bank	'						
Construction Loans 50-RF32-B7							
535 S Main Street Plymouth, MI 48170							
1 lymouth, in 40170	1						
		THE ABOVE	SPACE IS	FOR FILING OFFICE U	SE ONLY		
1a. INITIAL FINANCING STATEMENT I ILE MMTC RESIDENTIAL I, 'LC (Document #0714	1133220\	<u> </u>		INANCING STATEMENT A			
				filed [for record] (or recorde L ESTATE RECORDS.			
2. TERMINATION: Effectiveness of the Financing Statement Identified about							
CONTINUATION: Effectiveness of the Financing stritament identified a continued for the additional period provided by applicable law.	bove with respect to security	interest(s) of the Secured Party	authorizing th	is Continuation Statement is	3		
4. ASSIGNMENT (full or partial): Give name of assignee in her /a or 7b a				9.			
 AMENDMENT (PARTY INFORMATION): This Amendment affects [Debt Also check one of the following three boxes and provide appropriate information. 	nn items 6 and/or 7.	ecord. Check only <u>one</u> of these t	wo boxes.				
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address of		ELETE name: Give record name deleted in item 6a or 6b.		DD name: Complete item 7a ; also complete items 7d-7g	or 7b, and also item		
6. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME		detector is item of or oc.		, also complete liellis /d-/g	(п аррисавіе)		
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		T. T		-		
	I INST MAINE		MIDDLE NA	VIE	SUFFIX		
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		77,					
OR 75 INDIVIDUAL'S LAST NAME	FIRST NAME	70	MIDDLE NA	ME.	SUFFIX		
7c. MAILING ADDRESS	CITY		DTATE	DOCTAL CORE			
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION		10/2	STATE	POSTAL CODE	COUNTRY USA		
ORGANIZATION DEBTOR	N 7f. JURISDICTION OF	ORGANIZATION	rg. ORGANI	ZATIONAL ID#, if any	NONE		
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	-						
Describe collateral deleted or added, or give entire restated collateral PARTIAL RELEASE	eral description, or describe	collateral assigned.		Sc.			
DESCRIPTION: UNIT #307 ONLY, LOT 2 OF OAK 0630717112, BEING A RESUBDIVISION OF PARMINNICK'S OAK LAWN IN THE NORTHWEST 1 THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY	RT OF BLOCK 6 /4 OF SECTION :	OF OAK LAWN AL	ID DAD	T OF DI SOMA A	25		
P.I.N.: 24-09-107-016-0000, 24-09-107-017-0000 (uddreso: 9530 S. COOK Quenue Oak	, 24-09-107-032-	0000, 24-09-107-03	3-0000				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (name of as	signor, if this is an Assignmen	nt) If this is a	n Amendment outback	bu o Detter		
9a. ORGANIZATION'S NAME	uthorized by a Debtor, chec	k here and enter name o	of DEBTOR a	uthorizing this Amendmen	nt.		
OR St. INDIVIDUAL'S LAST NAME							
TO SECTION AND SECTION AND SECTION ASSESSMENT AND SECTION ASSESSMENT AND SECTION ASSESSMENT ASSESSM	FIRST NAME		MIDDLE NAM	E	SUFFIX		
10. OPTIONAL FILER REFERENCE DATA	<u> </u>				<u> </u>		

ACKNOWLEDGMENT COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/08

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