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@B35819202

UCC FINANCING	STATEMENT	AMENDMENT
- OLI OLE LING		/ www.isb/isic.is

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) 10656 PRIME ACCEPTAN

CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071



Doc#: 0835819002 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 12/23/2008 08:58 AM Pg: 1 of 2

				THE ABOVE	E SPACE IS FOR FILING OFFICE	USE ONLY
08128101	NG STATEMENT 511 06 05/07/0	B CC IL Cook+			1b. This FINANCING STATEM to be filed for record for re	ENT AMENDMENT is
X TERMINATIO	N. Effective				REAL ESTATE DECORDO	
		Firencing Statement identified at	ove is terminated with respec	t to security interest(s) of the	ne Secured Party authorizing this T	Omination Statement
continued for the	ON: Effectiveness of additional period provide	the Fir and ig Statement identified ab	ove with respect to the securi	ity interest(s) of the Secure	Party authorizing this Continuation	on Statement is
ASSIGNMENT	(full or partial): Give	e name of assigner in item 7a o	r 7h and address of a			
AMENDMENT (PAI	RTY INFORMATION): This Amendment aff acts D	The and address of assig	nee in 7c; and also giv	e name of assignor in item 9.	
AISO CRECK one of	the following three h	over and manufacture of the second	_ 🛏	ty of record. Check only <u>on</u>	e of these two boxes.	
CHANGE name :	and/or address: Give cui	rent record name in item 6a or ob; al	ntormation in items 6 and	/or 7.		
Triditio (1) Tiarrie Ci	lange) in item /a or /b a	ind/or new address (if address thing)		TE name: Give record name deleted in item 6a or 6b.		m 7a or 7b. and also
C <u>URRENT RECOR</u>	D INFORMATION:			THE STATE OF THE S	item 7c; also complete ite	ems 7d-7g (if applicable
6a. ORGANIZATION	'S NAME	· · · · · · · · · · · · · · · · · · ·	7			
			'			
6b. INDIVIDUAL'S LA	ST NAME			<u> </u>		
MEDINA			FIRST NAME		MIDDLE NAME	SUFFIX
MEDINA			ESMERALD	Δ Ι		İ
HANGED (NEW)	OR ADDED INFORM	ATION:				
7a. ORGANIZATION	S NAME			<u> </u>		
1					· · · · · · · · · · · · · · · · · · ·	
7b. INDIVIDUAL'S LA	ST NAME					
	O I MANIE		FIRST NAME		IIDDLE NAME	SUFFIX
<u> </u>		<u> </u>		10.		Joorna
MAILING ADDRESS			CITY			
					TATE POSTAL CODE	COUNTRY
SEE INSTRUCTION	ADD'L INFO RE	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF OR		_0_	
	ORGANIZATION		THE BORNSBIRCHON OF OR	GANIZATION 7	C RGANIZATIONAL ID #, if any	
	DEBTOR					NONE
MENDMENT (COF	LATERAL CHANGE): check only <u>one</u> box.				NONE
Describe collateral	deleted or adde		eral description, or describe	e collatoral		
arcel ID: 28-12-	400-057-0000			assigned.		
	0000.					

NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a T	RIZING THIS AMENDMENT (name of assignor, if this is an	Assignment) If this is an Assignment	
PRIME ACCEPTANCE CORE		lame of DEBTOR authorizing this Amendment	orized by a Debtor which ent.
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			

16906033 Debtor Name: MEDINA, ESMERALDA

610070390

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UC FO	LLOW INSTRUC	IG STATEME CTIONS (front an	INT AMENDMENT AM	NT ADDENDUM
11,	INITIAL FINANCING	IG STATEMENT FIL	LE # (same as item 1a on Ame	endment form)
12. 1	NAME of PARTY AUT	HORIZING THIS AME	NDMENT (same as item 9 on Ame	endment form)
OR	PRIME AC	CCEPTANC		
	12b. INDIVIDUAL'S L	AST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. i	Use this space for	additional inform	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: LOT 13 IN HARRIS ON AVENUE GARDENS SUBDIVISIN OF PART OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 12 TOWNSHIP 36 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PARCEL NUMBER: 28 12 407 057 0000. Parcel ID: 28-12-400-057-0000 Ec. A. RAN. 57 0000.

Of Coof County Clark's Office.