## **NOFFICIAL**



## **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) 10656 PRIME ACCEPTAN

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



Doc#: 0835919001 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 12/24/2008 08:46 AM Pg: 1 of 2

	<u> </u>				THE ABOV	E SPACE IS	FOR FILING OF FICE COL	/ITE I
la. I	INITIAL FINANCING S 0714515035	05/25/07	CC IL Cook+			X to be	FINANCING STATEMENT A filed [for record] (or recorded L ESTATE RECORDS.	i) in the
,	X TERMINATION:	Effectiveness of the	na icing Statement identified above	is terminated with	respect to security interest(s) of t	he Secured	Party authorizing this Termina	ition Statement.
3.	CONTINUATION: continued for the addi	Effectiveness of the tional period provided	Finar cinc Statement identified above by application law.	with respect to th	e security interest(s) of the Secure	ed Party auth	norizing this Continuation Stat	ement is
4.	ASSIGNMENT (ful	l or partial): Give na	ame of assignes in item 7a or 7b	and address of	assignee in 7c; and also give	name of a	ssignor in item 9.	
5. A				tor <u>or</u> Sec	ured Party of record. Check only g	ne of these	two boxes.	
	Also check one of the	following three box	es and provide appropriate infornt record name in item 6; or 6b; also l/or new address (if address nhange)	give new	6 and/or 7. DELETE name: Give record nate to be deleted in item 6a or 6b.		ADD name: Complete item 7a tem 7c; also complete items 7	
6. C	URRENT RECORD IN	IFORMATION:		<del></del>				
	6a. ORGANIZATION'S N			1/-				
				1				1-11-11
OR	6b. INDIVIDUAL'S LAST	NAME		FIRST / AME		MIDDLE N	IAME	SUFFIX
	CONTRERA			FERN/	NDO	<u></u>		
7. 0	TA. ORGANIZATION'S N		TION:		4/2×			<u> </u>
OR	7b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE 1	IAME	SUFFIX
7c.	MAILING ADDRESS			CITY	0	STATE	POSTAL CODE	COUNTRY
7d.	SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTI	ON OF ORGANIZATION	y. 07.G/	NIZATIONAL ID #, if any	NONE
	AMENDMENT (COLLA Describe collateral coll	teleted or adde	: check only o <u>ne</u> box. d, or give entire restated collate	eral description,	or describe collateral assign	ed.	Office	

NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a T	IZING THIS AMENDMENT (name of assignor, if this is remination authorized by a Debtor, check here and en	s an Assignment). If this is an Amendment author after name of DEBTOR authorizing this Amendme	ized by a Debtor which nt.					
OR	98. ORGANIZATION'S NAME PRIME ACCEPTANCE CORP.							
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	331177					

16931041 Debtor Name: CONTRERAS, FERNANDO

626-03-0613

0835919001 Page: 2 of 2

## **UNOFFICIAL COPY**

VANCING		d back) CAREFULLY  E # (same as item 1a on Amend	dment form)				
			,				
			ndment form)				
PRIME ACCEPTANCE CORP.							
IDUAL'S I	AST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
	RTY AUT ANIZATION 1E AC	0035 05/25/07 IRTY AUTHORIZING THIS AME ANIZATION'S NAME TE ACCEPTANC //IDUAL'S LAST NAME	IE ACCEPTANCE CORP.				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: LOT 19 IN BLOCK 5 IN MARQUETTE ROAD TERRACE, A SUBDIVISION OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 AND THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 22 TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERRINAN, IN COOK COUNTY, ILLINOIS. Parcel ID: 19-22-304-019-0000

