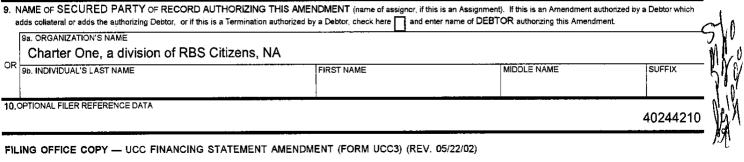
UNOFFICIAL COPY

			ENT			54] 30 46	s 500: \$38	.00_
		• • •			Doc#: 09	90541904	RHSP Fee:\$1	0.00
				-	Eugene "Ge	ty Recorde	r of Deeds	of 2
40244210 CSC Dilige 6500 Harbo	nz, Inc. our Heights P	·	en la	DT DT	Date: 02/2	<i>3,</i> 2 - ·		
Ĺ	D	Filed In	: Illinois Coo <u>k</u>	THE	·			SE ONŁY
						1b. This FIN to be file	ANCING STATEME d [for record] (or re-	NT AMENDMENT is
TERMINATION: E	ffectiveness of the Fin	nc. Statement identified a	above is terminated with re	spect to security int	erest(s) of the Se	ecured Party au	thorizing this Termin	nation Statement.
			ed above with respect to s	security interest(s) o	of the Secured F	arty authorizin	g this Continuation	Statement is
ASSIGNMENT (ful	or partial): Give nam	e of assignee in 1em 7a or 7	b and address of assignee	in item 7c; and also	give name of a	ssignor in item	9.	
MENDMENT (PART	Y INFORMATION)	: This Amendment affects	Debtor <u>or</u> Secur	ed Party of record.	Check only one	of these two b	oxes.	
☐ CHANGE name and/or	address: Please refer to	the detailed instructions	DELETE nam	ne: Give record nam in item 6a or 6b.	ne	ADD name	Complete item 7a co ete items 7e-7g (if app	7b, and also item 7c; licable).
			0/					
			τ_{\circ}					
			FIRST N. ME			MIDDLE NAM	Ē	SUFFIX
),				İ
CHANGED (NEW) OR	ADDED INFORMATI	ON:	<u> </u>	90				
7a. ORGANIZATION'S	NÄME							
7b. INDIVIDUAL'S LAS	TNAME		FIRST NAME		C	MIDDLE NAM	E	SUFFIX
MAILING ADDRESS			CITY		(Q)	STATE PO	STAL CODE	COUNTRY
SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATI	ON 7f. JURISDICTIO	ON OF ORGANIZAT	NOI	0'		П
escribe collateral 🔲 d	eleted or added,	or give entire restated	collateral description, or o	describe collateral	assigned.		Trico	
	ASSIGNMENT (Full ASSIGNMENT RECORD IN 18 OF GANIZATION'S BERMERS LIST NORGANIZATION'S BERMERS LIST NORGANIZATION'S AMENDMENT (COLL Describe collateral and c	LOW INSTRUCTIONS (front and back) IAME & PHONE OF CONTACT AT FILE SC Diligenz, Inc. 1-800-85 END ACKNOWLEDGMENT TO: (Name 40244210 CSC Diligenz, Inc. 6500 Harbour Heights Plant Mukilteo, WA 98275 TERMINATION: Effectiveness of the Fine CONTINUATION: Effectiveness of the Fine ASSIGNMENT (full or partial): Give name MENDMENT (PARTY INFORMATION) Iso check one of the following three boxes and in regards to changing the name/address of a procure of the following three boxes and in regards to changing the name/address of a procure of the following three boxes and in regards to changing the name/address of a procure of the following three boxes and in regards to changing the name/address of a procure of the following three boxes and in regards to changing the name/address of a procure of the following three boxes and in regards to changing the name/address of a procure of the following three boxes and in regards to changing the name/address of a procure of the following three boxes and in regards to changing the name/address of a procure of the following three boxes and and the following three boxes and the following three	LOW INSTRUCTIONS (front and back) CAREFULLY IAME & PHONE OF CONTACT AT FILER [optional] SC Diligenz, Inc. 1-800-858-5294 SEND ACKNOWLEDGMENT TO: (Name and Address) 40244210 CSC Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275 Filed In. NITIAL FINANCING STATEMENT FIL: # 419044029 07/08/200-4 TERMINATION: Effectiveness of the Financing Statement identified at CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applier ole law. ASSIGNMENT (full or partial): Give name of assignee in cem 7a or 7 IMENDMENT (PARTY INFORMATION): This Amendment affects also check one of the following three boxes and provide appropriate inform at CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME BERMERS LLC 8b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME MAILING ADDRESS SEEINSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	AME & PHONE OF CONTACT AT FILER [optional] SC Diligenz, Inc. 1-800-858-5294 END ACKNOWLEDGMENT TO: (Name and Address) [40244210 CSC Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275 [51] Filed In: Illinois Cook NITIAL FINANCING STATEMENT FIL: # 419044029 07/08/200-7 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to a continued for the additional period provided by applied ple law. ASSIGNMENT (full or partial): Give name of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 a no 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address of assignee in term 7 and 7b and address	LOW INSTRUCTIONS (front and back) CAREFULLY IAME & PHONE OF CONTACT AT FILER (optional) SC Dilligenz, Inc. 1-800-858-5294 SEND ACKNOWLEDGMENT TO: (Name and Address) [40244210 CSC Dilligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275 [51] TERMINATION: Effectiveness of the Financian Statement Identified above is terminated with respect to security into continued for the additional period provided by applicable favor. ASSIGNMENT (full or partial): Give name of assignee in jem 7e or 7b and address of assignee in item 7c, and also theck grig of the following three boxes and provide appropriate infort ation in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions in learns 6 and/or 7. CHANGE ASSIGNATION SNAME BERMERS LLC 66. INDIVIDUAL'S LAST NAME ADD'L INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME ADD'L INFORMATION: 7a. ORGANIZATION'S NAME MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFORMATION: 7a. ORGANIZATION'S NAME MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFORMATION: 7a. ORGANIZATION'S NAME MAILING ADDRESS SEE INSTRUCTIONS ADD'L INFORE 7a. TYPE OF ORGANIZATION 7t. JURISDICTION OF ORGANIZATION DESTOR AMENDMENT (COLLATERAL CHANGE): check only gine box. Describe collateral deleted or discontinued and collateral description, or describe collateral description.	LOW INSTRUCTIONS (front and back) CAREFULLY IAME & PHONE OF CONTACT AT FILER (optional) SC Diligenz, Inc. 1-800-858-5294 SEND ACKNOWLEDGMENT TO: (Name and Address) CSC Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275 THE ABOVE SPAC THE ABOVE	LOW INSTRUCTIONS (front and back) CAREFULLY IAME & PHONE OF CONTACT AT FILER (optional) SC Diligenz, Inc. 1-800-858-5294 IERNID ACKNOWLEDGMENT TO: (Name and Address) [40244210 CSC Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275 [51ed In: Illinois Cook] THE ABOVE SPACE IS FOR FI III THANCING STATEMENT FILE # 119. This Fin. Return Resolution of the secured Party authorizing ontificial period provided by application for 7b and address of assignee in item 7c, and also give name of assigner in item MENDMENT (full or partial): Give name of assignee in // an 7b and address of assignee in item 7c, and also give name of assigner in item MENDMENT (FULL or partial): Give name of assignee in // an 7b and address of assignee in item 7c, and also give name of assigner in item MENDMENT (FULL or partial): Give name of assignee in // an 7b and address of assignee in item 7c, and also give name of assigner in item MENDMENT (FARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only ging of these two bis or check ging of the following three boxes ging provide appropriate inform attentions Debtor of Secured Party of record. Check only ging of these two bis or check ging of the following three boxes ging provide appropriate inform attentions Debtor of Secured Party of record. Check only ging of these two bis or check ging of the following three boxes ging provide appropriate inform attentions Debtor of Secured Party of record. Check only ging of these two bis or check ging of the following three boxes ging provide appropriate informations MENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only ging of these two bis or check ging of the following three boxes ging provide appropriate information in terms 6 and/or 7. BERMERS LLC 6. INDIVIDUAL'S LAST NAME MIDDLE NAM MIDDLE NAM MIDDLE NAM ADDLE NAM	LOW INSTRUCTIONS (front and back) CAREFULLY AME & PHONE OF CONTACT AT FILER (polional) SCO Diligenz, Inc. 1-800-858-5294 SEND ACKNOWLEDGMENT TO: (Name and Address) [40244210 CSC Diligenz, inc. 6500 Harbour Heights Pkwy, Suite 400 Mukliteo, WA 98275 [5] THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS FOR FILING OFFICE UNITED AND PRICE OF THE ABOVE SPACE IS



MIDDLE NAME

9a. ORGANIZATION'S NAME

9b. INDIVIDUAL'S LAST NAME

10, OPTIONAL FILER REFERENCE DATA

Charter One, a division of RBS Citizens, NA

adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment.

FIRST NAME

0905419046 Page: 2 of 2

UNOFFICIAL COPY

EXHIBIT A

LOTS 9 AND 10 IN BLOCK 1 IN RIDGE LAWN SUBDIVISION OF THE EAST 10 ACRES OF THE NORTH 60 ACRES OF THE NORTHEAST QUARTER OF SECTION 36, TOWNSHIP 41 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

7132 NORTH HARLEM

CHICAGO, ILLINOIS 60631

ATION.

OF COOK COUNTY CLOSERY'S OFFICE TAX IDENTIFICATION NO. 09-36-205-037-0000 VOL. 306