## **WNOFFICIAL COPY**

UCC FINANCING STATEMENT AI FOLLOW INSTRUCTIONS (front and back) CAREFU A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-328	F 	Doc#: 0910719008 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds				
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address)			Date: 04/17	/2009 09	):21 AM Pg: 1 of 3	
CT Lien Solutions P.O. Box 29071 Glendaie, CA 91209-9071	18279837 ILIL FIXTURE		THE ABOVE	SPACE IS I	-OR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEM: NT FILE #	Cook+			ICT to be !	INANCING STATEMENT A filed [for record] (or recorde ESTATE RECORDS.	AMENDMENT is ed) in the
0-127 110000		tarminated with	respect to security interest(s) of the	Secured P	arty authorizing this Termin	nation Statement.
TERMINATION: Effectiveness of he inancing State     X CONTINUATION: Effectiveness of the inarting State continued for the additional period provided by applicable list.	ment identified above w	with respect to the	security interest(s) of the Secured	Party author	orizing this Continuation Sta	atement is
ASSIGNMENT (full or partial): Give name of ass gn	e in item 7e or 7h a	nd address of a	assignee in 7c; and also give r	name of as	signor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment Also check one of the following three boxes and provide the control of the following three boxes and provide the control of the following three boxes and provide the control of the following three boxes and provide the control of the following three boxes and provide the control of the following three boxes and provide	in:ite+ 6a or 6b; also gi s (if addres / ch, nge) in	riem 7c.	to be deleted in item balor bb.	e Alite	DD name: Complete item 7 em 7c; also complete items	a or 7b. and also 7d-7g (if applicable)
7. CHANGED (NEW) OR ADDED INFORMATION:			A			
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME	· · · · · · · · · · · · · · · · · · ·	FIRST NAME	The Contract of the Contract o	MIDDLE N	AME	SUFFIX
7c. MAILING ADDRESS		CITY	0,,	STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR	FORGANIZATION	7f. JURISDICTI	ON OF ORGANIZATION	, g. ORGA	NIZATIONAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only Describe collateral deleted or added, or give ent SEE ATTACHED, 17032040400000	y one box. ire restated collate	ral description,	or describe collateral assign	ed.		

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which 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. 9a. ORGANIZATION'S NAME SUN LIFE ASSURANCE COMPANY OF CANADA (US) SUFFIX MIDDLE NAME FIRST NAME 9b. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA 18279837 Debtor Name: 48 EAST OAK STREET LLC L 708044649

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UC	C FINANCIN	G STATEME	NT AMENDMENT	ADDENDUM		
44 1	NITIAL FINANCINO	3 STATEMENT FIL	E # (Same as nom to	nent form)		
12 N	AME of PARTY AUT	HORIZING THIS AME	CC IL COOK+ NDMENT (same as item 9 on Amend	dment form)		
129 ORGANIZATION'S NAME SUN LIFE ASSURANCE COMPANY OF CANADA (US						
OR.	12b. INDIVIDUAL'S					
13.	Use this space fo	r additional inform	nation			

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: SEE ATTACHED. Parcel ID: 17032040400000

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## LEGAL DESCRIPTION

Lot 10 (except the North 8 feet thereof taken for alley) in Collins Subdivision of the South half of Out lot of Block 7 of the Subdivision by the Commissioner's of the Illinois and Michigan Canal of South Fractional Section 3, township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PROPERTY ADDRESS: 48 EAST OAK STREET, CHICAGO, IL.

TAX PARCEL ID: TODORTH OF COOK COUNTY CLERK'S OFFICE 17032040400000