## UNOFFICIAL COPY

C FINANCING STATEMENT AMEND OW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] ARTHA MYERS SEND ACKNOWLEDGMENT TO: (Name and Address)	MENT	Eugene "Ge	25.819062 925819062 Fe ene" Moore RHSF ty Recorder of De 5/2009 01:24 PM	eds		
National City Bank Commercial Loan Services 6750 Miller Road Brecksville CH 44141 LOC 01-7162		THE ABOV	E SPACE IS FOR F	NG STATEMENT AME	ENDMENT is	
NITIAL FINANCING STATEMENT FILE # 700918006 DATED 01/09/2007			REAL ESTA	r record] (or recorded) TE RECORDS.		
TERMINATION: Effectiveness of the Financing Statement Contified	above is terminated with respect to so	ecurity interest(s) of the	Secured Party authorizi	ng this Termination Sta	itement.	
CONTINUATION: Effectiveness of the Financing Statement is entified	d above with respect to security intere	est(s) of the Secured Pa	arty authorizing this Cont	inuation Statement is		
continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or ,						
D This Amendment affects	ebtor o Secured Party of record	I. Check only <u>one</u> of the	ese two boxes			
also check one of the following three boxes and provide appropriate informed	or 6b; also give new DELE	E name: Give record n	amato C ADD par	ne: Complete item 7a c complete items 7d-7g (	or 7b, and also it	item
name (if name change) in item 7a or 7b and/or new address (if address	s change) in item 7. be del	eted in item 6a or 6b.	L /c; also	complete items 70-79 t	п арриссия	
CURRENT RECORD INFORMATION:	40MEET COUNTRY 1	AND LOMBA	RD II 60148			
BALORGANIZATION'S NAME  KARRY L. YOUNG DEVELOPMENTS, LLV  66. INDIVIDUAL'S LAST NAME	FIRST NAME	Z)	MIDDLE NAME		SUFFIX	
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME						
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX	
MAILING ADDRESS			STATE PO	STAL CODE	COUNTRY	
TAX ID #: SSN OR EIN ADD'L INFO RE 7e, TYPE OF ORGANIZATION	ATION 7f. JURISDICTION OF O	RGANIZATION	"g. CRGANIZATI	ONAL ID #, if any		NON
AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated	collateral description, or describe co	llateral assigned.		Ż.		
OT 32 IN BLOCK 2 IN RICHARD S. COX, J. OUTHWEST QUARTER, SECTION 17, TOWNERIDIAN, IN COOK COUNTY, ILLINOIS. FADDRESS: 6154 SOUTH ADA STREET, CH	R'S SUBDIVISION OF WNSHIP 38 NORTH, F PERMANENT REAL E	10 ACRES	N SOUTHEAS AST OF THE T X NUMBER: 2	T O'SARTER HIRD PRINC 0-17-320-046	OF IPAL , VOL 430	0
). NAME OF SECURED PARTY OF RECORD AUTHORIZING T	THIS AMENDMENT (name of as	signor, if this is an As	signment). If this is an	Amendment authoriz	ed by a Debtor	r whic
THE SECONDED DADTY OF RECORD AUTHURIZING I	ation authorized by a Debtor, cher	ck here and enter	name of DEBTOR au	thorizing this Amendr	nent.	
adds collateral or adds the authorizing Debtor, or if this is a Termin						> ***
adds collateral or adds the authorizing Debtor, or if this is a Termin			ANDDIE MAKAE		SUFFIX	// -
adds collateral or adds the authorizing Debtor, or if this is a Termin	FIRST NAME		MIDDLE NAME		SUFFIX	// - <del></del>