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TERMINATION: Effectiveness of the Fination of Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Continued for the additional period provided by applicable and continued for the additional period provided by applicable and continued for the additional period provided by applicable and continued for the additional period provided by applicable and continued for the additional period provided by applicable and continued for the additional period provided by applicable and continued for the additional period provided by applicable and continued for the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable and address of assignee in 7c; and also give name of assignor in Item 9. ASSIGNMENT (full or partial): Give name of assignee in provide applicable and address of assignee in 7c; and also give name of assignor in Item 9. Assignment (full or partial): Give name of assignee in provide applicable information in items 8 and 7c; and also give name of assignor in Item 9. Assignment (full or partial): Give name of assignee in provide applicable information in items 8 and 7c; and also give name of assignor in Item 9. Assignment (full or partial): Give name of assignee in provide applicable information in items 8 and 7c; and also give name of assignor in Item 9. ADD name: Complete item 7a or 7b and address for name provide applicable in items 8 and 7c; and also give name of assignor in Item 9. ADD name: Complete item 7a or 7b and address for name provide applicable information in items 8 and 7c; and also give name of assignor in Item 9. ADD name: Complete item 7a or 7b and address for name provide applicable information in items 8 and 7c; and also give name of assignor in Item 9. ADD name: Complete item 7a or 7b and address for name provide applicable information in items 8 and 7c; and address for name provide applicable	CC FINANCING STATEMEN LLOW INSTRUCTIONS (front and back) CA NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 33	662-4141	#128131000 #128131000				
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 ILIL FIXTURE 10. The FINANCING STATEMENT METERS CC LL Cook+	SEND ACKNOWLEDGEMENT TO: (Name and Mailing A	ddress) 15795 BAYVIE\	W SERVIC	Doc#: C Eugene "G	9281310 ene" Moo	re RHSP Fee:\$10.00	ļ
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ASSIGNMENT (full or partial): Give name of assigned giver 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9. MENDMENT (PARTY INFORMATION): This Amendment affects Debtor @ Secured Party of record. Check only one of these two boxes. Also check give got the following three boxes and provide app opticle information in items 6 and/or 7. Also check give got the following three boxes and provide and ported information in items 6 and/or 7. Also check give got the following three boxes and provide and ported information in items 6 and/or 7. Also check give got different record name is the following planked give new inches of the following three planked give record name (and the following three planked give record name is not obtained in the following three planked give record name is not obtained give record name in the following three planked give record name in the following three planked give record name is not obtained give record name in the following three planked give record name in thre	Effectiveness of the Finarici	n/ Statement identified above	with respect to the security	interest(s) of the Secure	ed Party autho	rizing this Continuation State	ment is
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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.	AMENDMENT (COLLATERAL CHANGE): che	ck only one box. jive entire restated collate	eral description, or desc	ribe collateral assig	ned.		
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	NAME OF SECURED PARTY OF RECURD AC adds collateral or adds the authorizing Debtor, or if the	nis is a Termination authorized	by a Debtor, check here	and enter name of D	EBTOR author	izing this Amendment.	
	BAYVIEW LOAN SERVICE	J., 1 -,			MIDDLE	NAME	SUFFIX

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

10. OPTIONAL FILER REFERENCE DATA 20392939 Debtor Name: JOHNSON, ROBERT E. 200060322 65560

FIRST NAME

9b. INDIVIDUAL'S LAST NAME

MIDDLE NAME

0928131000 Page: 2 of 3

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ÑĊ	C FINANCIN	G STATEME	NT AMENDMENT I back) CAREFULLY	ADDENDUM
11 1	NITIAL FINANCING	STATEMENT FIL	E # (same as item 1a on Amendo	nent form)
07	33839009	12/04/07	CC IL Cook+	
12. N	IAME of PARTY AUT	HORIZING THIS AME	NDMENT (same as item 9 on Amend	dment form)
	12a ORGANIZATIO BAYVIEW	LOAN SE	RVICING, LLC	
OR	12b. INDIVIDUAL'S I		FIRST NAME	MIDDLE NAME, SUFFIX
		r additional inform		

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: SEE EXHIBIT "A". Parcel ID: 20-28-105-018-0000

0928131000 Page: 3 of 3

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-- ----WALLEY NO LOTTOM?

THE NORTH 1/2 OF LOT 5 IN BLOCK 3 IN DEWOLF'S SUBDIVISION OF THE NORTH 1/2 OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 28, AND THAT PART OF THE NORTHEAST 1/4 OF SAID SECTION 28 LYING WEST OF CHICAGO, ROCK ISLAND AND PACIFIC RAILROAD IN TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clark's Office