## NOFFICIAL COP'



## UCC FINANCING STATEMENT AMENDMENT

CARFFULLY
FOLLOW INSTRUCTIONS (front and back) CAREFULLY
A. NAME & PHONE OF CONTACT AT FILER [optional]
708-867-1900
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
D. SEIND ACIONALIST THE PROPERTY OF THE PROPER
AGE
5124 NHarlem
5124 10 110
- cant
Harrisond Alts TI 60/00
Harwood Hts Ille070le

Doc#: 1002534003 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 01/25/2010 08:25 AM Pg: 1 of 1

5124 no Harlem		en e		
5124 NHarleM Harwood Hts ILLE	170le			
	THE ABOVE SP.	ACE IS FOR FILING OFFICE USE O	DNLY	
19. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT AMENDMENT is no be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
2. X TERMINATION: Effectiveness of the line cing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement.			Statement.	
TERMINATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is				
continued for the additional period provided by applications.				
4. ASSIGNMENT (full or partial): Give name of assigner in it in 7a or 7b and ac	idress of assignee in item 7c; and also give name of	of assignor in item 9.		
5 AMENDMENT (PARTY INFORMATION): This Amendment affects Deb	tor or Secured Party of record. Check only	one of these two boxes.		
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate ir ormat in its CHANGE name and/or address: Please refer to the detailed instructions	I DELETE Name. Give record name	ADD name: Complete item 7a or 7 item 7c; also complete items 7e-7c	b, and also (if applicable).	
in regards to changing the name/address of a pany.	to be deleted in item 6a or 6b.	I I I I I I I I I I I I I I I I I I I		
6. CURRENT RECORD INFORMATION:  [64. ORGANIZATION'S NAME				
GE, ONORHEMION OF		TANDRI E MANE	SUFFIX	
OR BD INDIVIDUAL'S LAST NAME	FIR: TNAME	MIDDLE NAME		
Price	liusthy			
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
Price	Kinda Cz		0011170	
7c MAILING ADDRESS	ary	STATE POSTAL CODE	COUNTRY	
7/032 Church	Morton Grove	/g. ORGANIZATIONAL ID #, If any		
7d. SEE INSTRUCTIONS   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR	77. JURISDICTION OF ORGANIZATION	7g. OKOAIGEATION E IS II) I III)	NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				
8. AMENDMENT (COLLATERAL CHANGE). Create only give both.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.				
Lot 303 in Robbin's Medica tank and the west				
8. AMENDMENT (COLLATERAL CHANGE): check only one but.  Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  Lot 303 in Robbin's Mcadow land unit No.5, being a subdivision of the north half 1/2 of the southwest quarter 1/4 and the west the north half 1/2 of the southwest quarter 1/4 of the court of the				
forty teet of the horizonal				
Section 13, township 41 north, range 12, easy of the through the section 13, township 41 north, range 12, easy of the office of meridian according to plat thereof registered in the office of meridian according to plat thereof registered in the office of the registrar of titles of cook count, Illinois, on November 8, 1956 the registrar of titles of cook count, Illinois, on November 8, 1956				
Maridian according to plat theraot registered in November 8 1956				
the registrar of titles of cook count, Illinois, on				
as document Number 170646le				
This is an Assignment if this is an Assignment if this is an Amendment authorized by a Debut Mind				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENUMENT (name of assignor it this is a Termination authorized by a Debtor, check here and and enter name of DEBTOR authorizing this Amendment.				
99. ORGANIZATION'S NAME				
American General Fine	TEIRST NAME	MIDDLE NAME	SUFFIX M	
96. INDIVIDUAL'S LAST NAME			///	

10.OPTIONAL FILER REFERENCE DATA

09-13-305-008-0000