## UNOFFICIAL COPY .

| UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294 |   | Doc#: 1007434051 Fee: \$40. Eugene "Gene" Moore RHSP Fee: \$10. Cook County Recorder of Deeds Date: 03/15/2010 10:27 AM Pg: 1 of |  | Fee: \$40.00<br>SP Fee:\$10.00<br>Deeds |  |
|--|---|--|--|---|--|
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)  |   |  |  | . rg. rord                              |  |
| 48717116 - 362290  |   |  |  |   |  |
| Corporation Service Company<br>801 Adlai Stevenson Drive<br>Springfield, IL 62703  |   |  |  |   |  |
| Filed  | In: Illinois Cook                         |  |  |   |  |
|  |   | THE ABOVE SPACE IS F   |  |   |  |
| 1a. INITIAL FINANCING STATEMENT F'LF : 0510241196 4/12/2005  |   | to to  | his FINANCING STATEM<br>be filed [for record] (or re<br>EAL ESTATE RECORDS | ecorded) in the                         |  |
| 2. TERMINATION: Effectiveness of the Finan in 3 Statement identification   | ied above is terminated with respect to   |  |  |   |  |
| 3. CONTINUATION: Effectiveness of the Finr icin J Statement ide continued for the additional period provided by an invable law.  | ntified above with respect to security in | nterest(s) of the Secured Party aut  | horizing this Continuation   | Statement is                            |  |
| 4. ASSIGNMENT (full or partial): Give name of assigne vin it are a   |   | c; and also give name of assignor i  | n item 9.  |   |  |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affect  | ct- Debtor or Secured Party               | of record. Check only one of thes  | e two boxes,   |   |  |
| Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate in a   | rmatic i in items 6 and/or 7.             |  |  |   |  |
| CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  | DELETE name: Give to be deleted in item 5 |  | Oname: Complete item 7a c<br>complete items 7e-7g (if ap                   | or 7b, and also item 7c;<br>plicable).  |  |
| 6. CURRENT RECORD INFORMATION:   |   |  |  |   |  |
| 6a. ORGANIZATION'S NAME  | 4   |  |  |   |  |
| Robert Stulac  |   |  |  |   |  |
| OR 6b. INDIVIDUAL'S LAST NAME  | FIRST VAME                                | MIDDL  | E NAME   | SUFFIX                                  |  |
| 7. CHANGED (NEW) OR ADDED INFORMATION:   |   |  |  |   |  |
| 7a. ORGANIZATION'S NAME  | 4/  | 7  |  |   |  |
| OR 7b. INDIVIDUAL'S LAST NAME  | FIRST NAME                                | MIDDL  | E NAME   | SUFFIX                                  |  |
| 7c. MAILING ADDRESS  | СПҮ                                       | STATE  | POSTAL CODE  | COUNTRY                                 |  |
| 7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR   | ATION 7f. JURISDICTION OF O               | RGANIZATION y. OF  | GANIZATIONAL ID #, if a  | ny NONE                                 |  |
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restat   | ed collateral description, or describe of | collateral assigned.   | 0/5/5  |   |  |

| ea, organization's name<br>Sovereign Bank |            |             |        |
|---|------------|-------------|--------|
| 9Ь, INDIVIDUAL'S LAST NAME                | FIRST NAME | MIDDLE NAME | SUFFIX |

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| <b>UCC FINANCING STA</b>  | TEMENTAMENDME                 | NT ADDENDUM             |
|---|-------------------------------|-------------------------|
| FOLLOW INSTRUCTIONS (front an                                       | d back) CAREFULLY             |                         |
| 11. INITIAL FINANCING STATEME<br>0510241196 4/12/2005               | ·                             | dment form)             |
| 12. NAME OF PARTY AUTHORIZE 12a. ORGANIZATION'S NAME Sovereign Bank | NG THIS AMENDMENT (same as it | em 9 on Amendment form) |
| OR 12b. INDIVIDUAL'S LAST NAME                                      | FIRST NAME                    | MIDDLE NAME, SUFFIX     |
| 13 Use this space for additional int                                | formation                     |                         |

5628-36 N. Spaulding Avenur, Ci icago IL

Spicago IL

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Order Number: 1409 008265527 SK

Street Address: 5635-43 N. Spaulding Avenue City: Chicago County: Cook

Tax Number: 13-02-432-028-000

Legal Description:

LOTS 17, 18, 19 AND SOUTH 5 FEET OF LOT 20 IN BLOCK 56 IN W.F. KAISER AND CO'S BRYN MAWR AVENUE ADDITION TO ARCADIA TERRACE, BEING A SUBDIVISION OF THAT PART OF THE SOUTHWEST 1/4 OF SECTION 1 AND THE SOUTH 1/2 OF THE SOUTH EAST 1/4 OF SECTION 2 LYING WEST OF THE WESTERLY LINE OF THE RIGHT OF WAY OF THE NORTH SHORE CHANNEL OF THE SANITARY DISTRICT OF CHICAGO (EXCEPT STREETS HERTOFORE DEDICATED) IN TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL OK.
KCOUI

TODERTY OF COOP COUNTY CLERK'S OFFICE. MERIDIAN IN COOK COUNTY ILLINOIS.