| JCC FINANCING STATEMENT AMENDMENT   |  |                                       |  |   |                             |
|---|--|---------------------------------------|--|---|-----------------------------|
| LOW INSTRUCTIONS (front and b   | ack) CAREFULLY   |                                       | Doc#   | : 1009934063 Fee: \$4   | ,O,OO<br>\$10.00            |
| AME & PHONE OF CONTACT AT FILER [opti<br>Phone (8   |  | 8) 662-4141                           | Doc#: 1009934063 Fee: \$10.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 04/09/2010 10:14 AM Pg: 1 of 3 |   |                             |
| 3. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 15795 BAYVIEW SERVIC   |  |                                       | Date:  | 04/09/2010 10:14 /::: 3   |                             |
|   |  |                                       |  |   |                             |
| l<br>CT Lien Solutions  | 227037   | '36 '                                 |  |   |                             |
| P.O. Box 29071  |  |                                       |  |   |                             |
| Glendale, CA 91209-9071   | ILIL   |                                       |  |   |                             |
|   | FIXTUF   | RE                                    |  |   |                             |
|   | ·  |                                       | THE ABOV   | /E SPACE IS FOR FILING OFFICE USE   |                             |
| NITIAL FINANCING STATEMENT FILE<br>0509822139 04/08/05  | * CC IL Cook+  |                                       |  | tb. This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS. | AMENDMENT is<br>led) in the |
| TERMINATION: Effectiveness at the   | Financing Statement identified above                     | ve is terminated with res             | spect to security interest(s) of   | the Secured Party authorizing this Term   | ination Statemen            |
| CONTINUATION: Effectiveness of the continued for the additional period provide  | Fin iding Statement identified about by an plicable law. | ve with respect to the se             | ecurity interest(s) of the Secur   | ed Party authorizing this Continuation St   | atement is                  |
| ASSIGNMENT (full or partial): Give r  |  |                                       |  |   |                             |
| MENDMENT (PARTY INFORMATION):<br>Also check one of the following three box  | This Amenum in affects De                                | - L:                                  | Party of record. Check only only of  | one of these two boxes.   |                             |
| Also check one of the following three box<br>CHANGE name and/or address: Give curn<br>name (if name change) in item 7a or 7b ar | ent record name in it im 6a or 6b; ats                   | ogive new ┌─ा् ⊔                      | ELETE name: Give record na<br>be deleted in item 6a or 6b.   | ADD name: Complete item 7 item 7c; also complete items                                |                             |
| URRENT RECORD INFORMATION:<br>6a. ORGANIZATION'S NAME   |  |                                       |  |   | .41-17-                     |
| 6b. INDIVIDUAL'S LAST NAME  |  | FRST NAME                             |  | MIDDLE NAME   | SUFFIX                      |
| BECKLEY   |  | LA\ ADA                               |  |   |                             |
| HANGED (NEW) OR ADDED INFORMA   | ATION:   | 9,                                    |  | <u></u>   |                             |
| 7a. ORGANIZATION'S NAME   |  |                                       | ŽĮ,  |   |                             |
| 7b. INDIVIDUAL'S LAST NAME  |  | FIRST NAME                            | C/   | MIDDLE NAME   | SUFFIX                      |
| MAILING ADDRESS   |  | CITY                                  | 0/1  | STATE POSTAL CODE   | COUNTRY                     |
| SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR   | 7e. TYPE OF ORGANIZATION                                 | 7f. JURISDICTION                      | OF ORGANIZATION  | 7g. ORGANIZATIONAL ID #, if any   | NOI                         |
| AMENDMENT (COLLATERAL CHANGE  | ): check only one_ box.                                  | · · · · · · · · · · · · · · · · · · · |  |   |                             |
|   | d, or give entire restated colla                         | teral description, or d               | escribe collateral assign  | ed.   |                             |
| arcel ID: 20-20-212-022   |  |                                       |  | ed.   |                             |
|   | ,  |                                       |  |   |                             |
|   |  |                                       |  |   |                             |
|   |  |                                       |  |   |                             |
|   |  |                                       |  | N M   | K                           |
|   | ·  |                                       |  | 10010   | Z'O;                        |
|   |  |                                       |  |   |                             |
|   |  |                                       |  | വ പ വ   |                             |
|   | :  |                                       |  | O) IL O)  | 20)                         |

SUFFIX MIDDLE NAME FIRST NAME 9b. INDIVIDUAL'S LAST NAME 10. OPTIONAL FILER REFERENCE DATA 22703736 Debtor Name: Beckley, Lavada 200031789 26585

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| UC<br>FOI | C FINANCIN          | G STATEME<br>TIONS (front and | NT AMENDMEN<br>I back) CAREFULLY | IT ADDENDUM         |
|-----------|---------------------|-------------------------------|----------------------------------|---------------------|
|           |                     |                               | E # (same as item 1a on Amen     |                     |
| 05        | 09822139            | 04/08/05                      | CC IL Cook+                      |                     |
| _         |                     |                               | NDMENT (same as item 9 on Ame    | endment form)       |
|           | BAYVIEW             | LOAN SEF                      | RVICING, LLC                     |                     |
| OR        | 12b. INDIVIDUAL'S I | AST NAME                      | FIRST NAME                       | MIDDLE NAME, SUFFIX |
| 13.       | Use this space for  | additional informa            | ation                            |                     |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: SEE EXHIBIT . Parcel ID: 20-20-212-022

Parcel ID: 20-20-212-022

Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

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## **UNOFFICIAL COPY**

The land referred to in this Commitment is situated in the State of Illinois, County of Cook

LOTS 1 AND 2 IN BLOCK 5 IN LUCY M. GREEN'S ADDITION TO CHICAGO, A SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 20, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of County Clark's Office