

UNOFFICIAL COPY



Doc#: 1021634067 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/04/2010 11:44 AM Pg: 1 of 3

UCC FINANCING STATEMENT AMENDMENT
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 8839 BCM

CT Lien Solutions	24654858
P.O. Box 29071	ILIL
Glendale, CA 91209-9071	FIXTURE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
0533643309 12/02/05 CC IL Cook+

b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT** (full or partial): Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.

DELETE name: Give record name to be deleted in item 6a or 6b.

ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME
AMALGAMATED BANK OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT *

OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
----	----------------------------	------------	-------------	--------

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
----	----------------------------	------------	-------------	--------

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
---------------------	------	-------	-------------	---------

7d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
---------------------	-----------------------------------	--------------------------	----------------------------------	---------------------------------

NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

PROPERTY ADDRESS: 45-55 GREEN BAY ROAD, GLENCOE, IL. TAX PARCEL # 05171090120000.

S P S M S C Y
E Y INT

9. 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.

9a. ORGANIZATION'S NAME
SUN LIFE ASSURANCE COMPANY OF CANADA

OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
----	----------------------------	------------	-------------	--------

10. OPTIONAL FILER REFERENCE DATA
24654858 Debtor Name: AMALGAMATED BANK OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT DATED DECEMBER 10, 1987 AND KNOWN AS TRUST NO. 5327 L 70805046571
Glendale, CA 91209-9071 Tel: (800) 331-3282

UNOFFICIAL COPY**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

0533643309 12/02/05 CC IL Cook+

12. NAME of PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a ORGANIZATION'S NAME

SUN LIFE ASSURANCE COMPANY OF CANADA

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

— FULL TEXT OF ITEM 6:

AMALGAMATED BANK OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT DATED
DECEMBER 10, 1987 AND KNOWN AS TRUST NO. 5327Description: PROPERTY ADDRESS: 45-55 GREEN BAY ROAD, GLENCOE, IL. TAX PARCEL # 05171090120000. Parcel ID:
05171090120000.

UNOFFICIAL COPY

LEGAL DESCRIPTION

LEGAL DESCRIPTION:

THE SOUTHERLY 100 FEET OF LOTS 9 AND 10 IN BLOCK 1 IN GAGE'S SECOND ADDITION TO LAKESIDE, A SUBDIVISION OF THAT PART LYING WEST OF THE MILWAUKEE RAILROAD AND NORTH OF GEORGE STREET, OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 17, TOWNSHIP 42 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office