MNOFFICIAL COPY

UC	C FINANCING STATEMEN LOW INSTRUCTIONS (front and back) CA	T AMENDMENT		Doc#	1629534652 f: 1029534052 F	ee: \$38.00
	AME & PHONE OF CONTACT AT FILER [optional]			Euger	ne "Gene" Moore RHS County Recorder of D	3P Fee:\$10.00)eeds
	Phone (800) 33	1-3282 Fax (818) 66	62-4141	Date:	10/22/2010 11:24 AM	1 Pg: 1 of 2
B. S	END ACKNOWLEDGEMENT TO: (Name and Mailing A		ANCIAL			
	CT Lien Solutions	25724902				
	P.O. Box 29071 Glendale, CA 91209-9071	ILIL	i.		and the second second	
		FIXTURE		THE ABOVE	SPACE IS FOR FILING OFF	
1a. I	0110021000 01700	C IL Cook+			to be filed [for record] (d REAL ESTATE RECOR	DS.
2.	X TERMINATION: Effectiveness of the Privancin	ng Statement identified above is te	erminated with respect to	security interest(s) of th	e Secured Party authorizing th	is Termination Statement.
3. [CONTINUATION: Effectiveness of the Financial continued for the additional period provided by a, pli	rable law.				
4.	ASSIGNMENT (full or partial): Give name of		l address of assignee	in 7c; and also give r	name of assignor in item 9.	
5. A	MENDMENT (PARTY INFORMATION): This Am Also check one of the following three boxes and CHANGE name and/or address: Give current record name (if name change) in item 7a or 7b and/or new	provide appropriate informati	ion in items 6 and/or 7	of record. Check only on 7, name: Give record nam eted in item 6a or 6b.	e ADD name: Comple	te item 7a or 7b. and also ete items 7d-7g (if applicabl
í	URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME					
OR !	6b. INDIVIDUAL'S LAST NAME	<u> </u>	RS'I NAME		MIDDLE NAME	SUFFIX
	TORRISE	D	ANIEL		S	
7. C	HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		77	X.		
OR	7b. INDIVIDUAL'S LAST NAME	FIF	RST NAME	C	MIDDLE NAME	SUFFIX

PIN	21-31-118-0	0000-112

STATE

_P	2
_	

COUNTRY

POSTAL CODE

7g. ORGANIZATIONAL ID #, if any

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

FIRST NAME

CITY

7f, JURISDICTION OF ORGANIZATION

9a. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B.

7e. TYPE OF ORGANIZATION

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

MIDDLE NAME SUFFIX

9b. INDIVIDUAL'S LAST NAME

7c. MAILING ADDRESS

7d. SEE INSTRUCTION

ADD'L INFO RE ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box.

10. OPTIONAL FILER REFERENCE DATA 25724902 Debtor Name: Torrise, Daniel S jb 842/1902003135

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

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μC	C FINANCIN	G STATEME	NT AMENDMEN	T ADDENDUM		
11 1	NITIAL FINANCING	STATEMENT FIL	E # (same as item 1a on Amen	dment form)		
			CC IL Cook+			
12. N	AME of PARTY AUT	HORIZING THIS AME	NDMENT (same as item 9 on Ame	endment form)		
1	BANKFINANCIAL, F.S.B.					
• OR	12b. INDIVIDUAL'S	LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
		additional inform	ation			

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: THE SOUTH 18 FEET OF LOT 5 AND LOT 6 IN BLOCK 2 IN THE SUBDIVISION OF LOTS 1 TO 10, BOTH INCLUSIVE IN CHARLES RINGERS' SOUTH SHOPE ADDITION, BEING A SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 31, TOVNSHIP 38 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT NORTHWEST 1/4 OF SECTION 31, TOVNSHIP 38 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THE SOUTH 33 FEET THEREOF TAKEN FOR WIDENING EAST 83RD ST), IN COOK COUNTY, ILLINOIS. Parcel ID: 21-31-118-022-0000