UNOFFICIAL COPY

				1034		
OLL	CC FINANCING STATEMENT AMENDI LOW INSTRUCTIONS (front and back) CAREFULLY	MENT	Euger Cook	ne "Gene County F	4934029 Fee: * Moore RHSP Feecorder of Deec	ee:\$10.00 Is
. NA	IAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax	(818) 662-4141	Date:	12/15/20	10 09:15 AM Pg	j: 1012
. SE	END ACKNOWLEDGEMENT TO: (Name and Mailing Address) 10656 P	RIME ACCEPTAN				
	<u> </u>					
	CT Lien Solutions 2632	29380				
	P.O. Box 29071					
	Glendale, CA 91209-9071					
	FIXI	URE			•	
_			THE ABOV		FOR FILING OFFICE	
. IN	0708960007 03/30/27 CC IL Cook+			X to be	FINANCING STATEME filed [for record] (or re L ESTATE RECORDS.	corded) in the
D	X TERMINATION: Effectiveness of the Financia J Statement identifies	d above is terminated with res	pect to security interest(s) of	the Secured	Party authorizing this T	ermination Statement.
	CONTINUATION: Effectiveness of the Final cirily Statement identifier continued for the additional period provided by a pricable law.	d above with respect to the se	curity interest(s) of the Secur	eu Farty aud	Orizing the Commoditi	or statement is
〒	ASSIGNMENT (full or partial): Give name of assignment item 7	7a or 7b and address of as	signee in 7c; and also g	ive name o	f assignor in item 9.	
۸h	MENDMENT (PARTY INFORMATION): This Amendment affricts	Debtor or Secured	Party of record. Check only o	one of these	two boxes.	
Ā	Also check one of the following three boxes and provide appronria CHANGE name and/or address: Give current record name in item 6a or f name (if name change) in item 7a or 7b and/or new address (if address or	te information in items 6 a	nd/or 7. LETE name: Give record na be deleted in item 6a or 6b.		ADD name: Complete item 7c; also complete it	
cī 	CURRENT RECORD INFORMATION:					:
6	6a. ORGANIZATION'S NAME	'				
-	6b. INDIVIDUAL'S LAST NAME	FIRST NAM'		MIDDLE N	AME	SUFFIX
	NUNEZ	MANUE'L	'			
	CHANGED (NEW) OR ADDED INFORMATION:		72			
-	7a. ORGANIZATION'S NAME	•				
۹		FIRST NAME		MIDDLE N	AME	SUFFIX
۲ -	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	-C/2	MIDDLE N	AME	SUFFIX
		FIRST NAME	-C/0/	MIDDLE N	POSTAL CODE	SUFFIX
. M	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	СПҮ	F ORGANIZATION	STATE		COUNTRY
:. M	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	СПҮ	F ORGANIZATION	STATE	POSTAL CODE	COUNTRY
M AI	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE ORGANIZATION ORGA	CITY ON 7f. JURISDICTION O		STATE	POSTAL CODE	COUNTRY
M AI	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated	CITY ON 7f. JURISDICTION O		STATE	POSTAL CODE	COUNTRY
. M	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated	CITY ON 7f. JURISDICTION O		STATE	POSTAL CODE	COUNTRY
1. <u>S</u>	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated	CITY ON 7f. JURISDICTION O		STATE	POSTAL CODE	COUNTRY
. M	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated	CITY ON 7f. JURISDICTION O		STATE	POSTAL CODE	COUNTRY
AI D	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS SEE INSTRUCTION ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated Parcel ID: 19-24-129-029-0000	CITY ON 7f. JURISDICTION O I collateral description, or de	scribe collateral assign	7g CRUA	POSTAL CODE NIZATIONAL ID #, if ar O	COUNTRY
AI D	AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated or across the authorizing Debtor, or if this is a Termination author. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination author.	CITY ON 7f. JURISDICTION O I collateral description, or de	scribe collateral assign	7g CRUA	POSTAL CODE NIZATIONAL ID #, if ar O	COUNTRY
AI D	ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated Parcel ID: 19-24-129-029-0000 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination author. PRIME ACCEPTANCE CORP.	CITY ON 7f. JURISDICTION O I collateral description, or de	scribe collateral assign	7g CRUA	POSTAL CODE NIZATIONAL ID #, if an O	COUNTRY NONE

610071368

10. OPTIONAL FILER REFERENCE DATA

26329380 Debtor Name: NUNEZ, Manuel

1034934029 Page: 2 of 2

UNOFFICIAL COPY

11.	INITIAL FINANCING STATEMENT	FILE # (same as item 1a on Amer	ndment form)
07	08960007 03/30/07	CC IL Cook+	
	NAME of PARTY AUTHORIZING THIS A		ndment form)
1	12a ORGANIZATION'S NAME PRIME ACCEPTAN	ICE CORP	
	l .		

Of Cook County Clarks Office Description: L15 B8 EAST CHICAGO LAWN W1/2 E1/2 NW1/4 S24 T38N R13E.

Parcel ID: 19-24-129-029-0000