CC FINANCING STATEMENT AMENDMENT	Doc#: 10350
NI OW INSTRUCTIONS (front and back) CAREFULLY	Eugene "Gene"

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** 

26416606

P.O. Box 29071

Glendale, CA 91209-9071

ILIL

CIVTLIDE

034009 Fee: \$40.00 Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 12/16/2010 08:31 AM Pg: 1 of 3

	FIXIU	re				
			THE ABO	OVE SPACE I	S FOR FILING OFFICE	USE ONLY
	initial financing statement file # 0615142118 05/3 ('บกิ CC IL Cook+			√ to b	s FINANCING STATEM be filed (for record) (or re AL ESTATE RECORDS	corded) in the
2.	TERMINATION: Effectiveness of he Connocing Statement identified about	ove is terminated with respe	ct to security interest(s) o	of the Secure	I Party authorizing this	Fermination Statement.
3.	X CONTINUATION: Effectiveness of the rinar airg Statement identified about continued for the additional period provided by app cable law.	ove with respect to the secu	rity interest(s) of the Sec	ured Party au	thorizing this Continuati	on Statement is
4.	ASSIGNMENT (full or partial): Give name of ast ignr e in item 7a or	7b and address of ass	ignee in 7c; and also	give name	of assignor in item 9	
		L	arty of record. Check only	one of these	two boxes.	
	Also check one of the following three boxes and provide apr ropricte in CHANGE name and/or address: Give current record name in item to sor the also name (if name change) in item 7a or 7b and/or new address (if address char ge	so give new DEL	d/or 7. ETE name: Give record n deleted in item 6a or 6b.	1 1	ADD name: Complete ite item 7c; also complete it	em 7a or 7b. and also tems 7d-7g (if app⊪cable
6. C	URRENT RECORD INFORMATION:					
	60 ORGANIZATION'S NAME AMALGAMATED BANK OF CHICAGO, U	UTA DATED 9	9/18/97 AND	KNOV	VN AS TRU	ST *
)R	6b. INDIVIDUAL'S LAST NAME	FIRS NAME		MIDDLE	NAME	SUFFIX
7. C	HANGED (NEW) OR ADDED INFORMATION:	9/	)			
	7a. ORGANIZATION'S NAME					:
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	C	MIDDLE N	NAME	SUFFIX
7c. N	MAILING ADDRESS	CITY	C)	STATE	POSTAL CODE	COUNTRY
7d. <u>§</u>	SEE INSTRUCTION   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	7f. JURISDICTION OF	ORGANIZATION	7g. ∪.RGA	NIZATIONAL ID #, if an	NONE
ı	MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.  Describe collateral deleted or added, or give entire restated colla  arcel ID: 19101130010000,19101130020000,19101130	•	ribe collateral assig	ned.	186	

		RIZING THIS AMENDMENT (name of assignor, if this is Termination authorized by a Debtor, check here and entored and		
	99. ORGANIZATION'S NAME  MTL INSURANCE COMPAN	IY		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	and the second s			

10. OPTIONAL FILER REFERENCE DATA 26416606 Debtor Name: AMALGAMATED BANK OF CHICAGO, UTA DATED 9/18/97 AND KNOWN AS TRUST NO. 5756 L 983052723 MENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

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

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## **UNOFFICIAL COPY**

11.	INITIAL FINANCIN	G STATEMENT FI	E# (same as item 1a on Amen	dment form)
06	15142118	05/31/06	CC IL Cook+	
12. 1	12. NAME of PARTY AUTHORIZING THIS AMENOMENT (same as item 9 on Amendment form)			
	MTL INSURANCE COMPANY			
OR	12b. INDIVIDUAL'S I	AST NAME	FIRST NAME	MIDDLE NAME.SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

- FULL TEXT OF ITEM 6: AMALGAMATED BANK OF CHICAGO, UTA DATED 9/18/97 AND KNOWN AS TRUST NO. 5756

Description: PROPERTY ADDRESS: 4901, S CICEPO AVENUE, CHICAGO, IL. TAX PARCEL # 19101130010000, 19101130020000, 19101130030000. Parcel ID: 19: 01130010000,19101130020000,19101130030000. 24 County Clark's Office

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## **UNOFFICIAL COPY**

## **LEGAL DESCRIPTION**

Lots 1, 2 and 3 in Block 9 in F.H. Bartlett's Centerfield, a Subdivision of the West 1/2 of the Northwest 1/4 of Section 10, Township 38 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Address of Property:

4901 South Cicero Avenue, Chicago, Illinois

Permanent Index No.:

TODE THE OF COOK COUNTY CLERK'S OFFICE 19-10-113-001, 19-10-113-002 and 19-10-113-003