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Doc#: 1104529020 Fee: \$44.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 02/14/2011 09:10 AM Pg: 1 of 5

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  
VOLODYMYR DZIUMA, Estate.  
Executrix Office.  
Nation Illinois.  
General-Post Office. Harrison Street - 433.  
Chicago. Dziuma Province. United States Minor,  
Outlying Island. Near. [60607-9998].

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
doc#0727502119, doc#0831534650, doc#0921744094, doc#0922203043, doc#09266833102  
1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2. [X] 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 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 item 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: Please refer to the detailed instructions in regards to changing the name/address of a party.  
[ ] 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 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:  
6a. ORGANIZATION'S NAME  
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 INSTRUCTIONS 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.

Y S N N Y Y  
S P S M O S E I N T 2/14

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

10. OPTIONAL FILER REFERENCE DATA

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RECEIVED  
SECRETARY OF STATE  
UNIFORM COMMERCIAL CODE DIV.

2010 DEC -7 PM 4:30

UCU112/08/10+02+5157+  
10.00 RU  
305IL 11+02 541813 R0

### INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT [optional]	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)	
VOLODYMYR: DZIUMA ALL RIGHTS RESERVED IN CARE OF; 5925 MEADOWS DRIVE LISLE, NON-DOMESTIC IS ON REAL ILLINOIS LAND NOT FEDERAL REGIONAL DISTRICT OR FICTION MILITARY VENUE ("IL") ZIP CODE EXEMPT [60532] WITHOUT PREJUDICE	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

#### 1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
"DZIUMA, VOLODYMYR" OR ORGANIZATION/TRADE NAME/TRADEMARK- DEBTOR				
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

#### 2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

- 2a. SEARCH RESPONSE  CERTIFIED (Optional)  
 Select one of the following two options:  ALL (Check this box to request a response that is complete, including filings that have lapsed.)  UNLAPSED
- 2b. COPY REQUEST  CERTIFIED (Optional)  
 Select one of the following two options:  ALL  UNLAPSED
- 2c. SPECIFIED COPIES ONLY  CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

#### 3. ADDITIONAL SERVICES:

CERTIFIED  
 Dec 8, 10  
 8:52 AM  
 Wmoss

To receive copies, please return all enclosed material and a check payable to the Secretary of State in following amount \$ 1.00.  
**DO NOT SEND CURRENCY**

#### 4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

- 4a.  Pick Up  
 4b.  Other

Specify desired method here (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

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UCIN30

INFORMATION LISTING FOR 00000001

PAGE 001

FILE# 15570539 FILE DATE 09/03/10 FILE TIME 12:46 1  
DEBTOR 'DZIUMA, VOLODYMYR ORGANIZATION/TRADE NAME/TRADEMARK- DEBTOR

5925 MEADOW DRIVE LISLE, IL. 605320000  
SECURED BY DZIUMA, VOLODYMYR:  
358 WEST HARRISON GENERAL POST CHICAGO, IL. 6060-7

Property of Cook County Clerk's Office

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SECRETARY OF STATE  
UNIFORM COMMERCIAL CODE DIV.

2010 DEC -7 PM 4:30

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FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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B. RETURN TO: (Name and Address)	
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UOU112/00/10-02\*5158\*  
5.00 MJ  
SOSIL 11\*02 301901 R0F

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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"DZIUMA, VOLODYMYR" ORGANIZATION/TRADE NAME/TRADEMARK- DEBTOR			
OR	1b. INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX

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 Select one of the following two options:  ALL  UNLAPSED

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Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

### 3. ADDITIONAL SERVICES:

CERTIFIED FEDERAL TAX LIEN SEARCH

CERTIFIED  
Dec 8 10  
8:53  
Amoss

## NOTHING ON FILE

### 4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

- 4a.  Pick Up
- 4b.  Other

Specify desired method here (if available from this office), provide delivery information (e.g. delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

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LOT 24 IN BLOCK 1 IN WATRISS SUBDIVISION OF THE SOUTH ½ OF THE  
NORTH WEST ¼ OF THE SOUTH EAST ¼ OF SECTION 1, TOWNSHIP 39  
NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE  
EAST 115 FEET THEREOF) IN COOK COUNTY, ILLINOIS PIN 16-01-408-006-0000

C/K/A 1045 North California Chicago, Illinois 60622

Property of Cook County Clerk's Office