## UNOFFICIAL COPY

| DOC#: 1115410072 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cock Country Record of Deeds Date: 06/03/2011 12:39 PM Pg: 1 of 2  BEND ROKNOWLEDGMENT TO: (Name and Address)  KATIE LUDWIG ASSISTANT COMMISSIONER CHICAGO DEPARTMENT OF HOUSING AND ECONOMIC DEVELOPMENT 121 NORTH LASALLE STREET ROOM 1008  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INSTRUMENT ON: Effectiveness of the Fing ionic Distancer Identified above in terminated with respect to security interest(s) of the Secured Party subording this Continuation Statement is continued to the additional period provided by insylicable law.  ASSIGNMENT full or partial). Give name of assigner in fing fig. factoment dentified above with respect to security interest(s) of the Secured Party subording this Continuation Statement is continued to the additional period provided by insylicable law.  ASSIGNMENT full or partial). Give name of assigner in fing fig. or its and address of assigner in items (a. Machelloweth full or partial). Give name of assigner in more of assigner in more of assigner in more losses and provide subordinate in fine fig. Secured Party subordinate in terms.  ASSIGNMENT full or partial). Give name of assigner in more of assigner in more of assigner in more of assigner in more losses and provide appropriate in more fig. Secured Party of record. Check only grag of these two boxes.  Asc check dags of the following price boxes and provides appropriate in more layer. Secured Party of record frame  [DELETE name: Give period rame  [DELETE name: Giv  |            |   |  | 1115418072   |        |
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| LOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER (piptional)  OLLY KAVIS (3/12) 428-4115  SEND ACKNOWLEDGMENT TO: (Name and Address)  KATIE LUDWIG ASSISTANT COMMISSIONER CHICAGO DEPARTMENT OF HOUSING AND ECONOMIC DEVELOPMENT 121 NORTH LA SALLE STREET ROOM 1006  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT HIER  15. This FINANCING STATEMENT AMENOMENT to be filed for recorded in the coordinate of the himition. Statement identified above its terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement.  CONTINUATION: Enrectiveness of the Finincial Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement.  CONTINUATION: Enrectiveness of the Finincial Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement.  CONTINUATION: Enrectiveness of the Finincial Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued to the additional period provided by #Lightable law.  ASSIGNMENT (uit or partial): Give name of assignor in identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued to the additional period provided by #Lightable law.  AMENDMENT (PARTY INFORMATION): This Amendment affects of District in the Secured Party authorizing this Continuation Statement is District the additional period provided by #Lightable law.  CHANGED (INFORMATION): This Amendment affects of District in the Secured Party authorizing this Continuation Statement is District the additional period provided by #Lightable law.  CHANGED (INFORMATION): This Amendment affects of District in the Secured Party authorizing this Continuation Statement is continued to the Secured Party authorizing of the Secured Party authorizing the Secured Party authorizing the Secured Part  | IC         | C FINANCING STATEMENT AMENDME   | NT   | Doc#; 1115410072 Fee: \$38 (   | nn     |
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| 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  ADD'L INFO RE ORGANIZATION ORGANIZATIO  |            |   | 0,   |  |        |
| The individual's last name   First name   Middle name   Suffix    Mailing address   City   State   Postal code   Countre    Middle name   Suffix    City   State   Postal code   Countre    Middle name   Suffix    Countre   First name   First name   First name    Countre    Countre   First name    Countre   Fir  | (          | CHANGED (NEW) OR ADDED INFORMATION:   | 96   |  |        |
| ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. GRGANIZATIONAL ID #, if any   1   1   1   1   1   1   1   1   1   |            | 7a. ORGANIZATION'S NAME   |  |  |        |
| ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. GRGANIZATIONAL ID #, if any   1   1   1   1   1   1   1   1   1   | _          |   |  |  |        |
| I. SEEINSTRUCTIONS ORGANIZATION DEBTOR  ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. GRGANIZATIONAL ID #, if any   | ĸ          | 7b. INDIVIDUAL'S LAST NAME  | FIRST NAME   | MIDDLE NAME SUF  | FIX    |
| I. SEEINSTRUCTIONS ORGANIZATION DEBTOR  ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. GRGANIZATIONAL ID #, if any   |            |   |  |  |        |
| ORGANIZATION DEBTOR   | 3.         | MAILING ADDRESS   | CITY   | STATE POSTAL CODE COL  | INTR   |
| ORGANIZATION DEBTOR   |            |   | ,  |  |        |
| DEBTOR  | <b>1</b> . |   | 7f. JURISDICTION OF ORGANIZATION   | 7g. GRGANIZATIONAL ID #, if any  |        |
|   |            |   | <b>†</b>   | 1.0  | $\Box$ |
| Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  |            | 1020,011  |  |  | _      |
|   | . 7        |   |  |  |        |
|   | . 7        |   | ateral description, or describe collateral ass   | signed.  |        |
|   | . 7        |   | steral description, or describe collateral ass   | signed.  |        |
| WAS THE COLUMN DARRY OF DECORD ALITHODIZING THE AMERICANENT (some of regions, if this is an Assignment). If this is an American sutherized by a Debter w  | . 7        | Describe collateral deleted or added, or give entire restated colla   |  |  | tor w  |
| 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 wards collatered or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and only on the property of the proper  | . /        | Describe collateral deleted or added, or give entire restated colla   | AMENDMENT (name of assignor, if this is an A   | ssignment). If this is an Amendment authorized by a Deb  | tor wi |
| 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 wadds 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]   | . /        | Describe collateral deleted or added, or give entire restated collateral deleted or added, or give entire restated collateral or added, or give entire restated collateral or added the authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authority | AMENDMENT (name of assignor, if this is an A   | ssignment). If this is an Amendment authorized by a Deb  | tor w  |
| 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  CITY OF CHICAGO   | . /        | NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authority.   | AMENDMENT (name of assignor, if this is an A   | ssignment). If this is an Amendment authorized by a Deb<br>of DEBTOR authorizing this Amendment. |        |
| 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  CITY OF CHICAGO   | i. /       | NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authority OF CHICAGO   | AMENDMENT (name of assignor, if this is an A ized by a Debtor, check here ☐ and enter name | ssignment). If this is an Amendment authorized by a Deb<br>of DEBTOR authorizing this Amendment. |        |

1115410072 Page: 2 of 2

## **UNOFFICIAL COPY**



## CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1401 008494793 F1

STREET ADDRESS: 6456-58 S. MARYLAND AVENUE
CITY: CHICAGO
COUNTY: COOK

TAX NUMBER: 20-23-102-023-0000

## LEGAL DESCRIPTION:

THE SOUTH 45 FEET OF LOT 18 IN BLOCK 6 IN MCCHESNEY'S SUBDIVISION OF THE WEST 333.5 FEET OF THE SOUTH 1/2 OF THE WEST 20 ACRES OF THE MORTH 1/2 OF THE MORTHWEST 1/4 OF SECTION 23, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

LEGALD CN 07/15/10