MNOFFICIAL COPY



A. NAME & PHONE OF CONTACT AT FILER (optional)	- 1
Phone (800) 331-32	282 Fax (818) 662-4141
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address	10656 PRIME ACCEPTAN
CT Lien Solutions	29379904
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE

	22434 0 37
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Doc#: 1122434037 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 08/12/2011 10:15 AM Pg: 1 of 2

ŀ	1		FIXTUR	RE				
	_	~			THE ABOV	E SPACE	IS FOR FILING OFFICE US	E ONLY
	ITIAL FINANCING S 817010050	SCV30190	CC IL Cook+			X to	nis FINANCING STATEMENT be filed [for record] (or record EAL ESTATE RECORDS.	AMENDMENT is ded) in the
2. X	TERMINATION:	Effectiveness of the	nancing Statement identified above	e is terminated with	respect to security interest(s) of t	he Secure	d Party authorizing this Term	ination Statement.
3.	CONTINUATION: continued for the addi	Effectiveness of the itional period provided	Financine Statement identified above by applicable law.	with respect to th	e security interest(s) of the Secure	d Party a	uthorizing this Continuation \$	tatement is
4.	ASSIGNMENT (ful	ll or partial): Give n	ame of assir nee in item 7a or 7b	and address of	assignee in 7c; and also give	name of	assignor in item 9.	
		,		_ 🗀	ured Party of record. Check only o	ne of the	se two boxes.	
A!	☐ CHANGE name and/o	or address: Give curre	es <u>and</u> provide app opriat : info ent record name in item (a cr 6b) also d/or new address (if address (nan je)	give new	6 and/or 7. DELETE name: Give record nar to be deleted in item 6a or 6b.	ne 🗌	ADD name: Complete item item 7c; also complete item	
6. C <u>U</u>	RRENT RECORD IN	FORMATION:),			. , ,	
	a. ORGANIZATION'S N	AME.		1				
OR 6t	b. INDIVIDUAL'S LAST	NAME		FIRS. NAME		MIDDLE	NAME	SUFFIX
1	GARCIA			MAURK	'10			
7. CH	ANGED (NEW) OR	ADDED INFORMA	TION:		70			•
_	a. ORGANIZATION'S N				1			
OR 7t	b. INDIVIDUAL'S LAST	NAME		FIRST NAME	C	MIDDLE	NAME	SUFFIX
7c. M A	AILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
7d. <u>SE</u>	E INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTIO	ON OF ORGANIZATION	7g. CRG	SANIZATIONAL ID #, if any	NONE
	. —	′	: check only one box.	eral description, o	or describe collateral assigne	ed.	1//	S
							Co	P _2
							CV	SN
								M
								$SC_{ eq}$
								E_7
								- INIT

10. OPTIONAL FILER REFERENCE DATA

PRIME ACCEPTANCE CORP.

9a. ORGANIZATION'S NAME

9b. INDIVIDUAL'S LAST NAME

29379904 Debtor Name: GARCIA, MAURICIO 626100027 SUFFIX

MIDDLE NAME

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

1122434037 Page: 2 of 2

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UCC F	INANCIN	G STATEME	NT AMENDMEN	T ADDENDUM	
			d back) CAREFULLY		
11. INITIA	AL FINANCING	G STATEMENT FIL	E # (same as item 1a on Amendi	ment form)	
08170	010050	06/18/08	CC IL Cook+		
12. NAME	of PARTY AUT	HORIZING THIS AME	NDMENT (same as item 9 on Amen	dment form)	
PF	ORGANIZATION RIME AC	CEPTANC	E CORP.		
OR 12b.	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME, SUFFIX	
13 Use t	his snace for	additional inform	ation		

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: LOT 7 (EXCEPT THE EAST 12 FEET) AND THE EAST 18 FEET OF LOT 8 H.A. HAINES SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 IN SECTION 11 TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. PARCEL; 19-11-413-071-0000. Parcel ID: 19-11-413-071-0000