

# UNOFFICIAL COPY



Doc#: 1127719100 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/04/2011 01:50 PM Pg: 1 of 1

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] ARLENE BARRACO 773-445-7755
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  SPRINGLEAF FINANCIAL SERVICES 2313 W. 95TH STREET CHICAGO, IL 60643

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 1115134058	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
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2.  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: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  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 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME			
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
	PEARSON	RYAN	D
			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
4849 S. LATROBE AVENUE	CHICAGO	IL	60638	USA

7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
19-09-115-017				<input type="checkbox"/> NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral  deleted or  added, or give entire  stated collateral description, or describe collateral  assigned.

LOT 18 BLOCK 5 DISTRICT 36 MAP REF 19-09-NW (C&D) ABBREVIATED DESCRIPTION LOT 18 BLKS DIST 38 CITY STICKNEY SEC/TWN/RNG/MER SEC 09 TWN 38N RNG 13E MAP REF 19-09 NW (C&D) CITY/MUNI/TWP STICKNEY

PIN: 19-09-115-017

ADDRESS 4849 S LATROBE AVE, CHICAGO, IL 60638  
COLLATERAL AIR CONDITIONER

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
	SPRINGLEAF FINANCIAL SERVICES, 2313 W. 95TH STREET, CHICAGO, IL 60643		
			SUFFIX

10. OPTIONAL FILER REFERENCE DATA

S Yes  
P 1  
S NO  
M NO  
SC Yes  
E Yes  
INT