



UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]
Corporation Service Company 1-800-858-5294

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

61827344 - 362290

Corporation Service Company 801 Adlai Stevenson Drive
Springfield, IL 62703

Filed In: Illinois Cook

Doc#: 1129234073 Fee: \$40.00 Eugene "Gene" Moore RHSP Fee: \$10.00

Cook County Recorder of Deeds Date: 10/19/2011 02:59 PM Pg: 1 of 3

TERMINATION: Eff	4/2006		BOVE SPACE IS FOR FILING OFFICE US	
CONTINUATION: E			1b. This FINANCING STATEME to be filed [for record] (or rec	NT AMENDMENT corded) in the
CONTINUATION: E continued for the additi	ectiveness of th. Fit are ing Statement identified abo	ve is terminated with respect to security intere	est(s) of the Secured Party authorizing this Termin	ation Statement.
	iffectiveness of the Financing Statement identified onal period provided by an olimable law.	above with respect to security interest(s) of the	he Secured Party authorizing this Continuation \$	Statement is
ASSIGNMENT (full o	or partial): Give name of assigned in item 7a or 7b a	nd address of assignee in item 7c; and also gi	ive name of assignor in item 9.	
		Debtor or Secured Party of record. Ch	neck only <u>one</u> of these two baxes.	
	ring three boxes and provide appropriate in ormation			
in regards to changing the	ddress: Please refer to the detailed instructions e name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or also complete items 7e-7g (ffappl	7b, and also item 7d icable).
CURRENT RECORD INF	ORMATION: AME Devon Apartments LLC	0/		
	Devon Apartments LLC	τ_{\sim}		
R 6b. INDIVIDUAL'S LAST I	NAME	FIRS NAME	MIDDLE NAME	- Louis and
		0.	WIEDEL NAME	SUFFIX
CHANGED (NEW) OR AD	DDED INFORMATION:			
7a. ORGANIZATION'S NA	AME	——————————————————————————————————————		
R				
76. INDIVIDUAL'S LAST I	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
144400			/_	Ì
. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
. SEEINSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7(11/2020 10 10 10 10 10 10 10 10 10 10 10 10 10		
	ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	N 7g. ORGANIZATIONAL ID #, if any	Пис
	FERAL CHANGE): check only one box.			
		reral description, or describe collateral	Accidental	
Describe collateral dele	ted or added, or give entire restated colla	· · ·	assigned.	D
Describe collateral dele	ted or i added, or give entire i restated colla		assigned.	P_
Describe collateral 📙 dele	ted or ∐ladded, or give entire ∐lrestated coila		assigned.	P_ S_
Describe collateral 🔛 dele	ted or ∐ladded, or give entire ∐lrestated coila		assigned.	P_ S_ M_
Describe collateral dele	ted or ∐ladded, or give entire ∐lrestated coila		assignies.	P_ S_ M_ SC
Describe collateral dele	ted or ∐ladded, or give entire ∐lrestated coila		assignies.	P_ S_ M_ SC E_
Describe collateral dele	ted or ∐ladded, or give entire ∐lrestated coila		assignies.	P_ S_ M_ SC E_
NAME of SECURED P	ARTY of RECORD AUTHORIZING THIS A	MENDMENT (name of assignor, if this is an		P_ S_ M_ SC E_ INT
NAME OF SECURED P adds collateral or adds the au	ARTY OF RECORD AUTHORIZING THIS Authorizing Debtor, or if this is a Termination authorize	MENDMENT (name of assignor, if this is an a		P _ S _ M _ SC E _ INT
NAME of SECURED P	ARTY OF RECORD AUTHORIZING THIS Authorizing Debtor, or if this is a Termination authorize	MENDMENT (name of assignor, if this is an a	Assignment). If this is an Amendment authorized	P _ S _ M _ SC E _ INT
NAME OF SECURED P	ARTY OF RECORD AUTHORIZING THIS Authorizing Debtor, or if this is a Termination authorized ME Fannie Mae	MENDMENT (name of assignor, if this is an a	Assignment). If this is an Amendment authorized	P _ S _ M _ SC _ E _ INT

1129234073 Page: 2 of 3

UNOFFICIAL COPY

UCC FINANCING STA	ATEMENT AMENDME	ENT ADDENDUM
FOLLOW INSTRUCTIONS (front:		
11. INITIAL FINANCING STATEM 0634815091 12/14/20	MENT FILE # (same as item 1a on Amer 006	ndment form)
12s. ORGANIZATION'S NAME F	IZING THIS AMENDMENT (same as i annie M ae	tem 9 on Amendment form)
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13. Use this space for additional i	nformation	

Prem: 1414 West Devon Avenue Town: Chicago, Illinois 60660

County: Cook

Tax ID #: 11-32-327-012-0000

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1129234073 Page: 3 of 3

UNOFFICIAL COPY

0634815091 Page 3 of 3

STREET ADDRESS: 1414 W. DEVON

CITY: CHICAGO COUNTY: COCK

TAX NUMBER: 11-32-327-012-0000

LEGAL DESCRIPTION:

LOTE 13 AND 14 IN SICKINGER'S SUBDIVISION OF LCTS 7 AND 8 IN THE SUBDIVISION BY $\rm L$, $\rm C$. PAINE FREER RECEIVER OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 32, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Prepared by and return Cullen and Dykman UP 44 Wall Street 19th F1 New York, NY 10005 Attn: William G. Krejci