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	<u> </u>	CINIA	NCING	STATEMENT	AMENDMENT
ш		HINA	NUMB	2 I A I CIVICIVI	WIMPINDIAIPIA:

FOLLOW INSTRUCTIONS (front and back) CAREF	ULLY
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-326	
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address)	15795 BAYVIEW SERVIC
CT Lien Solutions	31721142
P.O. Box 29071 Glendale, CA 91209-9071	ILIL FIXTURE

Doc#: 1204017017 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 02/09/2012 10:04 AM Pg: 1 of 3

	CT Lien Solutions	31721142			
	P.O. Box 29071				
ĺ	Glendale, CA 91209-9071	!LIL			
		FIXTURE			
		_	THE ABO	VE SPACE IS FOR FILING OFFICE	USE ONLY
1a.	INITIAL FINANCING STATEMENT / 12 # 0706015010 03/01/57 C	C IL Cook+	<u></u>	1b. This FINANCING STATEME to be filed [for record] (or rec REAL ESTATE RECORDS.	NT AMENOMENT is corded) in the
2.	TERMINATION: Effectiveness of the Finance	ing Statement identified above is terminate	d with respect to security interest(s) of	the Secured Party authorizing this To	ermination Statement.
3.		ing statement identified above with respect			
4.	ASSIGNMENT (full or partial): Give name of	assign on 7 a or 7b and address	ss of assignee in 7c; and also give	e name of assignor in item 9.	
5. /	MENDMENT (PARTY INFORMATION): This Ar		Secured Party of record. Check only	one of these two boxes.	
	Also check <u>one</u> of the following three boxes a <u>nd</u> CHANGE name and/or address: Give current reconname (if name change) in item 7a or 7b and/or nev	rd name in item 6a or 6th, also give new	ms 6 and/or 7. DELETE name: Give record not to be deleted in item 6a or 6b.	ADD name: Complete ite item 7c; also complete it	
6. (URRENT RECORD INFORMATION:	0/_			
	6a. ORGANIZATION'S NAME)		
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	nE	MIDDLE NAME	SUFFIX
	MEAUX	МІСН	ELE		
7. (CHANGED (NEW) OR ADDED INFORMATION:				
	7a. ORGANIZATION'S NAME		2		
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAM	NE C	MIDDLE NAME	SUFFIX
7c.	MAILING ADDRESS	CITY		POSTAL CODE	COUNTRY
			ICTION OF ORGANIZATION	7g. Oi CANIZATIONAL ID #, if an	y
	ORGANIZATION DEBTOR		ICTION OF ONORMIZATION		NONE
8. A	ORGANIZATION	k only o <u>ne</u> box.	ion, or describe collateral assign	S N S E	3 3 1 N C \(\(\)
9. N	ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): chec Describe collateral deleted or added, or gi	k only one box. ve entire restated collateral description	ion, or describe collateral assign	S N S E IN	
8. A	ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): chec Describe collateral deleted or added, or gi	k only one box. ve entire restated collateral description HORIZING THIS AMENDMENT (name is a Termination authorized by a Debtor, collaboration)	ion, or describe collateral assign	S N S E IN	

31/21142 Debtor Name: MEAUX, MICHELE 200050883 52146

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UC	C FINANCIN	G STATEME	NT AMENDMEN d back) CAREFULLY	T ADDENDUM			
			E # (same as item 1a on Amend	iment form)			
			CC IL Cook+				
			NDMENT (same as item 9 on Ame	ndment form)			
	BAYVIEW LOAN SERVICING, LLC						
OR	12b. INDIVIDUAL'S I	AST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
13.	Use this space for	additional inform	ation				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Description: see attached. Parcel (7: 25-05-324-030-0000)

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EXHIBIT "A"

LOT 11 AND LOT 12 (EXCEPT THE NORTH 5 FEET THEREOF) IN BLOCK 24 IN SUBDIVISION OF THAT PART OF THE SOUTH HALF OF SECTION 5, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN LYING WEST OF CHICAGO, ROCK ISLAND, AND PACIFIC RAILROAD, IN COOK COUNTY, ILLINOIS.

FOR INFORMATION ONLY: 25-05-324-030

9442-9444 SOUTH JUSTINE, CHICAGO IL 60620

SURED.

PODORTHO OF COOK COUNTY CLARK'S OFFICE PLEASE NOTE: THE PROPERTY ADDRESS AND ZIP CODE ARE PROVIDED FOR CONVENIENCE ONLY AND ARE NOT INSURED.

OrderNo: 1