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UCC FINANCING	STATEMENT	AMENDMENT
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A NAME & PHONE OF CONTACT AT FILER (optional)
Phone (800) 331-3282 Fax (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 15795 BAYVIEW SERVIC

CT Lien Solutions 31785331
P.O. Box 29071
Glendale, CA 91209-9071
FIXTURE

Doc#: 1204617040 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 02/15/2012 01:15 PM Pg: 1 of 3

	Glendale, C	A 91209-9071	FIXTUF	RE 1				
	<u> </u>				THE ABOVE	SPACE I	S FOR FILING OFFICE U	SE ONLY
1a.	0706715106		*CC IL Cook+			1b. This to b	FINANCING STATEMEN e filed [for record] (or reco AL ESTATE RECORDS.	NT AMENDMENT is orded) in the
2.	TERMINATION: Effectiveness of the Finz conin Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.							
3.	[X] CONTINUATION: Effectiveness of the Finan ing Statement identified above with respect to the 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 assign or not							
5. /	Also check one of the	e following three box Vor address: Give curre	This Amendment affect's Del kes <u>and</u> provide appropriate info ent record name in item 6a or 6t', als id/or new address (if address change)	rmation in items	ured Party of record. Check only on 6 and/or 7. DELETE name: Give record nam to be deleted in item 6a or 6b.	- •	two boxes. ADD name: Complete iten item 7c; also complete iten	
6. (CURRENT RECORD I 6a. ORGANIZATION'S N			7				
OR	6b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
	RUSU			GABRIE	<u>-</u> (_A_			
7. CHANGED (NEW) OR ADDED INFORMATION:								
^=	7a. ORGANIZATION'S I	NAME			7			
OR	7b. INDIVIDUAL'S LAST	NAME		FIRST NAME	6	MIDDLE N	NAME	SUFFIX
7c.	MAILING ADDRESS			CITY		° (ATE	POSTAL CODE	COUNTRY
7d.	SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDIČTIO	ON OF ORGANIZATION	7g. DI GA	NIZATIONAL ID #, if any	NONE
8. 4	` —): check only <u>one</u> box. d, or give entire restated collat	eral description, o	or describe collateral assigned	i .	Trico	

9a. ORGANIZATION'S NAME BAYVIEW LOAN SERVICE	is a Termination authorized by a Debtor, check here⊡ and ent NG. LLC		<u> </u>
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

31785331 Debtor Name: RUSU, GABRIELA 200050943 52368

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				NT ADDENDUM
FO	LLOW INSTRUC	TIONS (front and	back) CAREFULLY	
11.	INITIAL FINANCIN	G STATEMENT FIL	E # (same as item 1a on Ame	ndment form)
07	06715106	03/08/07	CC IL Cook+	
12.	NAME of PARTY AUT	HORIZING THIS AME	NDMENT (same as item 9 on Ame	endment form)
	BAYVIEW		RVICING, LLC	
OR	12b. INDIVIDUAL'S	AST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13	Lise this snace for	additional inform	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

D: 23-6.

COUNTY CLART'S OFFICE Pa. col ID: 23-02-409-020,021,022 _ Description: SEE ATTACHED.

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LOTS 8,9 AND 10 IN ELMORE'S HICKORY HEIGHTS, BEING A SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTHEAST 1/4 OF SECTION 2, TOWNSHIP 37 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN# 23-02-409-020, 021, 022

Droporty or Cook County Clark's Office ADDRESS: 9316 S. ROBERTS ROAD HICKORY HILLS, IL 60457