## **UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY
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

34250899

Doc#: 1222610027 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 08/13/2012 10:49 AM Pg: 1 of 3

P.O. Box Glendale	: 29071 e, CA 91209-9071	ILIL FIXTUF	RE I			
<u> </u>				THE ABO	VE SPACE IS FOR FILING O	FFICE USE ONLY
a. initial financi 07290031	NG STATEMENT FILE 92 10/17/27				1b. This FINANCING STATE to be filed [for record] REAL ESTATE RECO	ATEMENT AMENDMENT is (or recorded) in the DRDS.
. X TERMINATIO	N: Effectiveness of ti	9 inancing Statement identified abor	ve is terminated with	respect to security interest(s) of	the Secured Party authorizing	this Termination Statement.
. CONTINUATI	ION: Effectiveness of the additional period provide	e nailing Statement identified about deby applicable law.	ve with respect to th	e security interest(s) of the Secur	ed Party authorizing this Cont	inuation Statement is
		name of assignce in item 7a or 7				9.
Also check one of CHANGE name	f the following three box and/or address: Give curr	This Amendmen affects Dec xes and provide appropria e infor- rent record name in item 6a or 6b; also nd/or new address (if address on nge	mation in items 6	ured Party of record. Check only and/or 7. DELETE name: Give record na to be deleted in item 6a or 6b.	me ADD name: Comp	olete item 7a or 7b. and also plete items 7d-7g (if applicab
6a. ORGANIZATIO	RD INFORMATION: N'S NAME		7		<del> </del>	
6b. INDIVIDUAL'S I			FIR ST NAME		MIDDLE NAME	SUFFIX
TOWNSE	END		ELIZABI	ETH		
7a. ORGANIZATIO	OR ADDED INFORM	ATION:	ζ	<b>/</b>		
7a. ORGANIZATIO	N S NAME			11		
7b. INDIVIDUAL'S I	LAST NAME		FIRST NAME	C	MIDDLE NAME	SUFFIX
: MAILING ADDRESS			CITY	0/2	STATE POSTAL CODE	COUNTRY
1. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTIO	ON OF ORGANIZATION	7p ORGANIZATIONAL ID	#, if any
AMENDMENT (CO Describe collateral		e): check only one_box.	teral description	or describe collateral assign		S 😒
		····	,		ed.	P
					0	) S
						M
						SC a
						E_
						INT
		RD AUTHORIZING THIS AMENU , or if this is a Termination authorized			. If this is an Amendment auth TOR authorizing this Amendo	orized by a Debtor which sent.
9a. ORGANIZATION BAYVIEV	ON'S NAME	RVICING, LLC		•		
9b. INDIVIDUAL'S	LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
10. OPTIONAL FILE 34250899 [	r reference data Debtor Name	TOWNSEND, ELI	 ZABETH	200059550 6		

1222610027 Page: 2 of 3

## **UNOFFICIAL COPY**

	LLOW INSTRUCTION		back) CAREFULLY  E # (same as item 1a on Amen	dment form)
	29003192 10		•	·
12. N	NAME of PARTY AUTHORI	ZING THIS AME	NDMENT (same as item 9 on Ame	endment form)
	BAYVIEW LO		RVICING, LLC	
OR	12b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME, SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor Name and Address & TOWNSEND, ELIZABETH

- 307 E GEORGE STREET, BENSEN: VILLE, IL 60106
Secured Party Name and Address:
BAYVIEW LOAN SERVICING, LLC - 4425 PONCE DE LEON BLVD., 5TH FLOOR, CORAL GABLES, FL 33146 324-01
COUNTY CIENTS OFFICE

Description: SEE ATTACHED. Parcel ID: 15-12-324-019

1222610027 Page: 3 of 3

## **UNOFFICIAL COPY**

## LEGAL DESCRIPTION:

LOTS 14 AND 15 IN SUBDIVISION OF BLOCK 22 OF LEE'S SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 12, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clark's Office