Doc#:	1223319047 Fee: \$42.00	
	"Gene" Moore RHSP Fee:\$10.00 unty Recorder of Deeds)
Date: 08	/20/2012 10:56 AM Pg: 1 of 3	

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CA	I AMENUMEN REFULLY		ok County Recorder of Deeds e: 08/20/2012 10:56 AM Pg: 1	-40			
A. NAME & PHONE OF CONTACT AT FILER [optional]		i	e. 00/20/2012 10:56 AM Pg; 1	or उ			
Phone (800) 331		662-4141					
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Add	dress) 15795 BAYVIEV	W SERVIC					
CT Lien Solutions	3440340	7					
P.O. Box 29071							
Glendale, CA 91209-9071	ILIL						
	FIXTURE	Ē					
		THE ABO	OVE SPACE IS FOR FILING OFFICE USE O	NLY			
1a. INITIAL FINANCING STATEV (N.) FILE # 0730503065 11/01/07 CC	IL Cook		1b. This FINANCING STATEMENT AI to be filed [for record] (or recorded REAL ESTATE RECORDS.	MENDMENT is) in the			
2. X TERMINATION: Effectiveness of the invancing	Statement identified above is	s terminated with respect to security interest(s)	of the Secured Party authorizing this Termina	tion Statement.			
3. CONTINUATION: Effectiveness of the ring using continued for the additional period provided by aprilice		vith respect to the security interest(s) of the Sec	ured Party authorizing this Continuation State	ement is			
4. ASSIGNMENT (full or partial): Give name of as		nd address of assignee in 7c; and also di	ve name of assignor in item 9.				
5. AMENDMENT (PARTY INFORMATION): This Ame							
Also check one of the following three boxes and or CHANGE name and/or address: Give current record in name (if name change) in item 7a or 7b and/or new a	rovide app opria e informa name in itel 1 6a or 6b; also gi	ve new DELETE name: Give record i					
6. CURRENT RECORD INFORMATION:		2					
6a. ORGANIZATION'S NAME	4						
OR 6b. INDIVIDUAL'S LAST NAME		FIF ST NAME	MIDDLE NAME	SUFFIX			
TOWNSEND		ELIZABETH	A				
7, CHANGED (NEW) OR ADDED INFORMATION:		4					
7a. ORGANIZATION'S NAME		9					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX			
7c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY			
ORGANIZATION	PE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7a. ORĠANIZATIONAL ID #, if any	NONE			
8. AMENDMENT (COLLATERAL CHANGE): check	only one_box.		() ₂ S	V			
Describe collateral deleted or added, or give	entire restated collater	al description, or describe collateral assi	gned. S	1			
			'(C ₂ F				
			S	- N			
			N				
			10				
			S	C <u> /</u>			
			F	4			
			11	17 46			
9. NAME OF SECURED PARTY OF RECORD AUTH	ORIZING THIS AMENDA	MENT (name of assignor, if this is an Assignme	nt). 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 Americanient.							
9a ORGANIZATION'S NAME BAYVIEW LOAN SERVICI	NG LLC						
9b. INDIVIDUAL'S LAST NAME	NG, LLC	FIRST NAME	MIDDLE NAME	SUFFIX			

10. OPTIONAL FILER REFERENCE DATA

34403407 Debtor Name: TOWNSEND, ELIZABETH A 200059551 64083

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UC	C FINANCING S	TATEME	NT AMENDME!	NT ADDENDUM
FO	LOW INSTRUCTION	NS (front and	back) CAREFULLY	
11.	NITIAL FINANCING STA	TEMENT FILE	E # (same as item 1a on Ame	endment form)
07	30503065 11	/01/07	CC IL Cook	
12. 1	AME of PARTY AUTHORIZ	ING THIS AME	NDMENT (same as item 9 on Ar	mendment form)
	BAYVIEW LO	AN SEF	RVICING, LLC	
OR	12b. INDIVIDUAL'S LAST I	NAME	FIRST NAME	MIDDLE NAME, SUFFIX
13.	Use this space for addi	tional informa	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor Name and Address:
TOWNSEND, ELIZABETH A
- 307 E GEORGE STREET, BENSEN/ILLE, IL 60106

Secured Party Name and Address : BAYVIEW LOAN SERVICING, LLC - 4425 PONCE DE LEON BLVD., 5TH FLOOR, CORAL GABLES, FL 33146 2324-0.

OOH

COUNTY CRAY'S OFFICE

Parcel ID: 16-12-324-019 Description: SEE ATTACHED.

1223319047 Page: 3 of 3

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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