## MINOFFICIAL COPY

UCC FINANCING STATEME FOLLOW INSTRUCTIONS (front and back)	NT AMENDMENT	1225017025	
A FRONE OF CONTACT AT FILER [optional]		Doc#: 1225017025 Fee: \$4; Eugene "Gene" Moore RHSP Fee:\$	2.00
B. SEND ACKNOW EDGEMENT TO WITH	331-3282 Fax (818) 662-4141	Cook County Recorder of D	10.0
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing	Address) 15715 Bank Financial	Date: 09/06/2012 01:10 PM Pg: 1 c	of 3
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CT Lien Solutions	34568181		
P.O. Box 29071	34308181		
Glendale, CA 91209-9071			
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2. INITIAL FINANCING STATEM NT FILE #		THE ABOVE SPACE IS FOR FILING OFFICE USE ONL	
0727006065 09/27/07 CC	CIL Cook		
TERMINATION: Effectivenes Att		This FINANCING STATEMENT AMEN to be filed [for record] (or recorded) in the	the
X CONTINUATION: Effectiveness of the Than	g Statement identified above is terminated with respect to s	ecurity interest(s) of the Secured Party authorizing this Termination erest(s) of the Secured Party authorizing this Termination	
			State
ASSIGNMENT (full or partial): Give pame of a		The state of the s	nt is
AMENDMENT (PARTY INFORMATION): This Ame Also check one of the following the	ssignes in item 7a or 7b and address of assignee in	7c; and also give name of and	
Also check one of the following three boxes and pr CHANGE name and/or address: Give current record r name (if name change) in item 7a or 7	ndment affects Debtor or Secured Party of	ecord. Check only one of these two boxes.	
CHANGE name and/or address: Give current record reame (if name change) in item 7a or 7b and/or new address:	ovide approprime in ormation in items 6 and/or 7	ocodu. Chieck brilly one of these two boxes.	
so, in term 7a of 7b and/or new a	ddress // address	me: Give record name ADD name: Complete	
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MIDDLE NAME

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). 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 Amendment.

FIRST NAME

SUFFIX

9b. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA

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- THE STATE OF	AL FINANCIN	G STATEMENT FIL	d back) CAREFULLY  E # (same as item 1a on Ame	
<u> </u>	000000	09/27/07	CC II Cook	
	U PAKIY AUI	HORIZING THIS AME	NDMENT (same as item 9 on An	lendment form)
BA	NKFINA	ANCIAL, F.S	S.B.	
126	12b. INDIVIDUAL'S LAST NAME			
120.	TOTAL DONE 9 F	VOI MAINE	FIRST NAME	MIDDLE NAME, SUFFI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor Name and Address:
FLORES, ANGEL L. - 4038 N. ALFANY AVE. . CHICAGO, IL 60618
FLORES, SHERLYNN M. - 4038 N. ALBANY AVE. , CHICAGO, IL 60618
Secured Party Name and Address:
BANKFINANCIAL, F.S.B. - 15W060 NOR: FRONTAGE ROAD, BURR RIDGE, IL 60527

FRONTAGE
OF COUNTY CICHAS OFFICE

1225017025 Page: 3 of 3

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### **EXHIBIT A**

GRANTOR: ANGEL L. & SHERLYNN FLORES

LOAN NO.: 1902027575

PROPERTY ADDRESS: 1522-1524 EAST 73<sup>RD</sup> ST., CHICAGO, IL 60619

#### LEGAL DESCRIPTION:

THE WEST 16 2/3 FEET OF LOT 12 AND THE EAST 16 1/3 FEET OF LOT 13 IN BLOCK 16 IN JOHN G. SHORTALL TRUSTEES SUBDIVISION OF THE NORTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 26, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, Cook County Clark's Office

PIN NUMBER: 20-26-215-010-0000