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DLLOW INSTRUCTIONS (front an NAME & PHONE OF CONTACT AT FILER [Phone SEND ACKNOWLEDGEMENT TO: (Name	8) 662-4141	-			I		
		D/9D DATVI	IEW SERVIC				
		000070	4.5				
CT Lien Solutions 362978		15					
P.O. Box 29071		ILIL					
Glendale, CA 91209-907	/1	FIXTUR	0=				
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	- HT 11			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
a. INITIAL FINANCING STATEMENT FILE # 0802309030 01/22/05 CC IL. Cook				This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
TERMINATION: Effectiveness o	f the Fir.ancing Statemen	it identified abov	e is terminated wit	h respect to security interest(s)	of the Secure	ed Party authorizing this Term	nination Statement.
X CONTINUATION: Effectiveness of continued for the additional period prov		t identified abov	e with respect to the	ne security interest(s) of the Sec	cured Party a	uthorizing this Continuation S	tatement is
ASSIGNMENT (full or partial): Gi		item 7a or	7h and address	of assignee in . Zer and also	dive name	of assigner in item 0	
AMENDMENT (PARTY INFORMATIO			<u></u>	or assignee in 7c; and also ured Party of record. Check only			
Also check one of the following three	boxes and provide a	ppi poriate info	rmation in items	•	_	ADD name: Complete item 3	7a or 7h and alec
name (if name change) in item 7a or 7b				to be deleted in item 6a or 6b		item 7c; also complete item:	
CURRENT RECORD INFORMATION 6a. ORGANIZATION'S NAME			4				
oa. Oroninzarior o name			'				
6b. INDIVIDUAL'S LAST NAME			FIRST NAV =		MIDDLE	NAME	SUFFIX
KON		DORIS	4				
CHANGED (NEW) OR ADDED INFOR	RMATION:			1/X			
7a. ORGANIZATION'S NAME				4			
7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
				0			
MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTION ADD'L INFO RE	7e. TYPE OF ORG	SANIZATION	7f. JURISDICTIO	ON OF ORGANIZATION	7c UR	ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR					-0		NONE
AMENDMENT (COLLATERAL CHAN	GE): check only one	e box.			<u> </u>		<u> </u>
Describe collateral deleted or a	dded, or give entire	restated collate	eral description,	or describe collateral assig	gned.	1/2	27
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							SN
							RA A
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9b. INDIVIDUAL'S LAST NAME

BAYVIEW LOAN SERVICING, LLC

10. OPTIONAL FILER REFERENCE DATA
36297815 Debtor Name: KON, DORIS

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

200062001 68364

FIRST NAME

MIDDLE NAME

SUFFIX

1236219008 Page: 2 of 3

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UC	C FINANCIN	G STATEME	NT AMENDMEN	NT ADDENDUM
FOL	LOW INSTRUC	TIONS (front and	d back) CAREFULLY	
11.1	NITIAL FINANCIN	G STATEMENT FIL	E # (same as item 1a on Ame	ndment form)
08	02309030	01/23/08	CC IL Cook	
12. N	AME of PARTY AUT	HORIZING THIS AME	NDMENT (same as item 9 on Ame	endment form)
	BAYVIEW		RVICING, LLC	
OR	12b. INDIVIDUAL'S I	AST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
42 1	les this enace for	additional inform	ation	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor Name and Address:

KON, DORIS

- 3520 W DIVERSEY AVENUE, CHICAGO, IL 60647 Secured Party Name and Address: BAYVIEW LOAN SERVICING, LLC - 4425 [OLICE DE LEON BLVD., 5TH FLOOR, CORAL GABLES, FL 33146 25-033
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ONE

Description: SEE ATTACHED. Parcel ID: 13-2F-225-033

1236219008 Page: 3 of 3

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LEGAL DESCRIPTION:

Lot 41 and the East 4 feet of Lot 42 in Block 3 in William Hatterman's Milwaukee Avenue Subdivision, a subdivision of Lots 15 to 16, in Bran's Subdivision of the Northeast 1/2 of Section 26, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Property of County Clark's Office