=			11864	1302219013	•••		
UC FOL	C FINANCING STATEMENT A LOW INSTRUCTIONS (front and back) CARE	AMENDMENT FULLY	Kar	c#: 1302219013 Fe en A. Yarbrough RHSP Fe ok County Recorder of De te: 01/22/2013 08:49 AM	eds		
A. N	AME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3.	282 Fax (818) 662-4141	Da	te: 01/22/2013 08.49 AM	, <b>9.</b>		
B. S	END ACKNOWLEDGEMENT TO: (Name and Mailing Address	ss) 8839 BCM					
,	_	36606026					
1	CT Lien Solutions	30000020	· ·				
١	P.O. Box 29071	ILIL					
1	Glendale, CA 91209-9071						
		FIXTURE	THE ABOVE S	PACE IS FOR FILING OFFICE USE	ONLY		
1a.	0327501142 10/02.05 CC II	_ Cook	1	b. This FINANCING STATEMENT At to be filed [for record] (or records REAL ESTATE RECORDS.	AMENDMENT is ed) in the		
<del>_</del>		atement identified above is terminated wi	th respect to security interest(s) of the	Secured Party authorizing this Termin	nation Statement.		
2. X TERMINATION: Effectiveness of the Final sing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.  3. CONTINUATION: Effectiveness of the Final sing 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 approxime law.							
4.	ASSIGNMENT (full or partial): Give name of assignment	ner, in item 7a or 7b and address of	of assignee in 7c; and also give na	me of assignor in item 9.			
5. A	MENDMENT (PARTY INFORMATION): This Amendr		cured Party of record. Check only one		·····		
Also check one of the following three boxes and provide approriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 7b, also give new name (if name change) in item 7a or 7b and/or new address (if address that get in item 7c.  DELETE name: Give record name them 7c are found in item 6a or 6b.  ADD name: Complete item 7a or 7b. and also item 7c, also complete items 7d-7g (if applicable)							
6. C	URRENT RECORD INFORMATION:	0/_					
6a ORGANIZATION'S NAME AMALGAMATED BANK OF CHICAGO, TRUST NO.5835							
OR	<u> </u>	FIRST ::::M"		IDDLE NAME	SUFFIX		
	6b. INDIVIDUAL'S LAST NAME	FIRST V. av.					
7. CHANGED (NEW) OR ADDED INFORMATION:							
	7a. ORGANIZATION'S NAME						
OR	- A	FIRST NAME		IDDLE NAME	SUFFIX		
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		DOLL IVANL	001111		
7¢.	MAILING ADDRESS	CITY		TATE POSTAL CODE	COUNTRY		
7d.	ORGANIZATION	F ORGANIZATION 7f. JURISDICT	ION OF ORGANIZATION 7	n. Dr GANIZATIONAL ID#, if any	NONE		
_	DEBTOR !  AMENDMENT (COLLATERAL CHANGE): check onl	v one hov		Ux.			
o. /	Describe collateral deleted or added, or give en	tire restated collateral description,	or describe collateral assigned.	175	$S_{\perp}$		
9	SEE ATTACHED			Co	P 3		
					SN		
					M		
					SCX		
					ΕŹ		
					INIT.		

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.

9a. ORGANIZATION'S NAME

THE OHIO NATIONAL LIFE INSURANCE COMPANY

FIRST NAME 9b. INDIVIDUAL'S LAST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

36606026 Debtor Name: AMALGAMATED BANK OF CHICAGO, TRUST NO.5835 L 956065747

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UC	C FINANCIN	G STATEME	<sub>NT</sub> AMENDMEN	IT ADDENDUM			
FOI	LOW INSTRUC	TIONS (front and	back) CAREFULLY				
11.	NITIAL FINANCING	S STATEMENT FIL	E # (same as item 1a on Amen	dment form)			
03	27501142	10/02/03	CC IL Cook				
			NDMENT (same as item 9 on Ame	endment form)			
-	THE OHIO NATIONAL LIFE INSURANCE COMPANY						
OR	12b. INDIVIDUAL'S	LAST NAME	FIRST NAME	MIDDLE NAME, SUFFI)			
13.	Use this space for	additional inform	ation				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor Name and Address:

AMALGAMATED BANK OF CHICAGO, RUST NO.5835

- ONE WEST MONROE STREET, CHICAGO, IL 60603

Secured Party Name and Address:

THE OHIO NATIONAL LIFE INSURANCE CON PANY - ONE FINANCIAL WAY, CINCINNATI, OH 45242

RD, 1, 7201022. Description: PROPERTY ADDRESS: 1300 W DUNDLE RD, BUFFALO GROVE, IL. TAX PARCEL # 03072010200000 03072010220000. Parcel ID: 03072010200000 03072010220000

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### **LEGAL DESCRIPTION**

#### PARCEL 1:

LOT 1 IN PLAZA VERDE UNIT ONE, A SUBDIVISION OF PART OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

#### PARCEL 2:

LOT 2 IN BARBARA RESUBDIVISION OF PART OF LOT 2 OF PLAZA VERDE UNIT ONE, A SUBDIVISION OF PART OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 42 MORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

#### PARCEL 3:

A NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCELS 1 AND 2 AS CREATED BY DECLARATION AND AGREEMENT OF EASEMENT DATED APRIL 14, 1975 AND RECORDED SEPTEMBER 29, 1975 AS DOCUMENT 23237771 FOR THE PURPOSE OF INGRESS AND EGRESS OVER THE FOLLOWING DESCRIBED LAND:

LOT 2 IN PLAZA VERDE UNIT TWO, A SUBDIVISION OF PART OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 7, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

#### PARCEL 4:

A NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCELS 1 AND 2 AS CREATED BY DECLARATION OF EASEMENTS, COVENANTS, CONDITIONS AND RESTRICTION, RECORDED JULY 11, 2001 AS DOCUMENT 0010612471 FOR THE PURPOSE OF INGRESS AND EGRESS, PARKING, UTILITIES, ETC., OVER THE LAND DESCRIBED AND DEPICTED THEREIN, EXCEPT THEREFROM ANY PORTION LYING WITHIN PARCELS 1 AND 2 DESCRIBED ABOVE.