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							[313 72203 5					
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY							Doc#: 1313722089 Fee: \$40.00 RHSP Fee:\$10.00 Affidavit Fee: Karen A.Yarbrough					
A. 1	NAME & PHONE OF CO	1	Cook County Recorder of Deeds Date: 05/17/2013 01:10 PM Pg: 1 of 2									
Phone (800) 331-3282 Fax (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 15715 Bank Financial										· g.	-	
	CT Lien Solutions 38144 P.O. Box 29071				95)5						
	Glendale, C	CA 91299-9071		ILIL FIXTUR	RE							
L	<u> </u>	10,				<u>1 </u>	THE ABOV	E SPACE	IS FOR FILING O	FFICE USE	ONLY	
	INITIAL FINANCING 0816804181		CC IL C	ook				X to	is FINANCING ST be filed [for record] FAL ESTATE REC	(or recorde		
2. 3.	TERMINATION: X CONTINUATION continued for the ad		Fine cir , Stateme Fine 19 Stateme d by applicable .aw									
	MENDMENT (PART Also check <u>one</u> of the CHANGE name and name (if name chan	e following three box for address: Give cum ge) in item 7a or 7b an	This Amendment ces and provide a ant record name in it	afficts Deb appropriete infor em 6a or C., 2'30	otor <u>or</u> S mation in iten vive new	ecured Party of recons 6 and/or 7.	ord. Check only o	ng of the	e two boxes. ADD name: Comp	olete item 7a	or 7b. and also 'd-7g (if applicable	
1	URRENT RECORD 6a. ORGANIZATION'S						*****					
OR	66. INDIVIDUAL'S LAST	T NAME			FIRST NAME BOYD	40		M!DDLE	NAME		SUFFIX	
7. C	HANGED (NEW) OF				Α							
OR	R						<u>C</u>		·			
	7b. INDIVIDUAL'S LAST NAME				FIRST NAME			MIDDLE NAME			SUFFIX	
7c. N	MAILING ADDRESS				СПҮ			STATE	POSTAL CODE		COUNTRY	
7d. <u>§</u>	SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF OR	GANIZATION	7f. JURISDIC	TION OF ORGANIZA	ATION	7g. ORG	AZA TONAL ID	#, if any	NONE	
	MENDMENT (COLL Describe colleteral	_): check only <u>on</u> d, or give entire	ñ.	eral description	, or describe collat	teral assigne	d.		9 F	3 1	
										1	o <u>//</u> VI <u>//</u>	
										5	SC /	
										1	NT AL	
•	AME OF SECURED I	ne authorizing Debtor,	D AUTHORIZING or if this is a Termina	THIS AMENDA	MENT (name ly a Debtor, che	of assignor, if this is			n Amendment aut rizing this Amendm		Debtor which	
	98. ORGANIZATION'S BANKFINA		.B.									
OR	9b. INDIVIDUAL'S LAS	T NAME			FIRST NAME			MIDDLE	NAME		SUFFIX	
10. (38	OPTIONAL FILER RI 144095 Del	EFERENCE DATA btor Name:	Jarrell, Bo	yd A. C	V 301/	845/19020	032756	<u> </u>			_1	
	ING OFFICE COPY			·					Prepared by CT Lie	n Solutions,	P.O. Box 29071	

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			NT AMENDMEN (back) CAREFULLY	NT ADDENDUM						
11.	INITIAL FINANCIN	G STATEMENT FILI	# (same as item 1a on Ame	ndment form)						
			CC IL Cook	,						
			IDMENT (same as Item 9 on Ame	indment form)						
	BANKFINANCIAL, F.S.B.									
OR	12b. INDIVIDUAL'S	LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX						
13.	Use this space for	addition : informa	tion							

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Debtor Name and Address:

Jarrell, Boyd A.

- 18825 Springfield Ave., Flossmoor, 12 o0422

Secured Party Name and Address : BANKFINANCIAL, F.S.B. - 15W060 NORTH TRONTAGE ROAD, BURR RIDGE, IL 60527

Recorded Owner: Park National Bank as Successor Trustee to Cosmopolitan Bank and Trust as Trustee under Trust Agreement dated May 29, 2008 and known as Trust Number 32557. Owner Address: 801 N. Clark St., Chicago, IL, 60610
Description: LOT 46, 47 AND 48 IN BLOCK 5 IN BLUE ISLAND PARK ADDITION, A SUBDIVISION OF THE WEST 1/2 OF THE SOUTH EAST 1/4 AND THE WEST 1/2 OF THE WEST 1/2 OF THE EAST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 30, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Parcel ID: 25-30-408-001-0000, 25-30-408-002-0000 and 25-30-408-003-0000 AME.
OUNTY CONTACTOR