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UCC FINANCING STATEMENT AMENDME	ENT		1322113005	
FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional)	····	Doc#:   RHSP Fe	1322113005 Fee: \$42.0 e:\$9.00 RPRF Fee: \$1.00	0
DuAnn Bertsch 712-262-4100		naren A. Y	'arbrough	
B. E-MAIL CONTACT AT FILER (optional)		Cook Cou	nty Recorder of Deeds	
dbertsch@bank-northwest.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Date. Us/C	09/2013 08:36 AM Pg: 1 of 3	
DuAnn Bertsch Northwest Bank	1			
101 W 5th St				
Spencer, IA 51301				
40 INITIAL CIAMANOIMO CTATEMENT ILE MIMBER			ACE IS FOR FILING OFFICE USE C EMENT AMENDMENT is to be filed [for i	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 0923140089	]''	(or recorded) in the REA		-
2. TERMINATION: Effectiveness of the Finuncing Statement identified	above is terminated with	<del></del>		
Statement				
<ol> <li>ASSIGNMENT (full or partial): Provide name of Assi nee in item 7a For partial assignment, complete items 7 and 9 and case indicate affect</li> </ol>		Assignee in item 7c and name	of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statem int ide https://doi.org/10.1001/j.j.continued for the additional period provided by applicable is '	ed above with respect t	a the security interest(s) of Se	cured Party authorizing this Continuatio	in Statement is
5. PARTY INFORMATION CHANGE:	2			
	!' <u>ਪ</u> ਾ∕ of these three box CHAN 3E name and/or ad		ame: Complete itemDELETE name:	Give record name
This Change affects Debtor or Secured Party of record it	tem 6a or 6h, and item 7a	or 7b <u>and</u> item 7c 7a or 7	b, and item 7c to be deleted in it	
<ol> <li>CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME</li> </ol>	Change - , rovide only or	ne name (6a or 6b)	, , , , , , , , , , , , , , , , , , ,	
GA. ONGANIZATIONS MAINE	0,			
OR 65. INDIVIDUAL'S SURNAME	FIRST PERSONA	∑ NA ME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In	formation Change - provide or	nly one name (7a or 72), se exact, full	name; do not omit, modify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME		6/2		
OR 7b. INDIVIDUAL'S SURNAME		<del></del>		
INDIVIDUAL'S FIRST PERSONAL NAME			10	
				Telleriy
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			U <sub>S</sub> C.	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
16. WALLING ADDITION			1,0	
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:	_	_		
			7m } }	1
			တြက်သ	$\widetilde{S}$ $\widetilde{M}$
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	IIS AMENDMENT: P	rovide only one name (9a or 9h	) (name of Assignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here and pro	ovide name of authorizin			
9a. ORGANIZATION'S NAME				
Northwest Bank OR 95. INDIVIDUAL'S SURNAME	IFIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
30. INDIVIDUALS SURNAME	THO FEROOR		,_ (-p (-p.	
10. OPTIONAL FILER REFERENCE DATA:			<u> </u>	

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### **UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME FIRST PERSONA', L'AM ADDITIONAL NAME(S)/II ITIA L(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a o 10a) and one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) POSTAL CODE COUNTRY 10c. MAILING ADDRESS ASSIGNOR SECUFED PARTY'S NAME: Provide only one name (11a or 11b) 11. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) POSTAL CODE COUNTRY STATE 11c. MAILING ADDRESS CITY S OFFICE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT covers as-extracted collateral is filed as a fixture filing covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate (if Debtor does not have a record interest): Bruene, Bruce and Bruene, Mary 1209 North Astor Apt 12S Chicago, IL 60610 17. MISCELLANEOUS:

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#### LEGAL DESCRIPTION

APARTMENT NUMBER 12S, LOCATED IN THE APARTMENT BUILDING OF THE LEASEHOLD KNOWN AS 1209 NORTH ASTOR STREET, LOCATED ON THE REAL ESTATE IN THE CITY OF CHICAGO, COUNTY OF COOK, IN THE STATE OF ILLINOIS, DESCRIBED AS FOLLOWS:

LOTS 10, 11 AND 12 (EXCEPT THE SOUTH 15.88 FEET OF SAID LOT 12) IN BLOCK 9 IN H.O. STONE'S SUBDIVISION OF ASTOR'S ADDITION TO CHICAGO, IN THE NORTH FRACTIONAL HALF OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN NUMBER: 17-03-113-003-0000