## **UCC FINANCING STATEMENT AMENDMENT**

**FOLLOW INSTRUCTIONS** 

1a. INITIAL FINANCING STATEMENT FILE NUMBER

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-414	41
'e. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service(	@wolterskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1579	95 - BAYVIEW SERVICING
P.O. Box 29071 Glendale, CA 91209-9071	ILIL
File with Cook II	FIXTURE

Doc#:	1322722070 Fee: \$42.0	٩.
FIHSP F	e:\$9.00 APRF Fee: \$1.00	JŲ
	S.WS.OU FIFTH Fee: \$1 DD	

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 08/15/2013 02:43 PM Pg: 1 of 3

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1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]
(or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 0516022200 6/9/2005 CC /\_ Cook 2. X TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination

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	l): Provide name of Assigner in item 7a o plete items 7 and 9 <u>and</u> at o in limits affe	or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> ected collateral in item 8	name of Assignor in item 9	
	ness of the Financing Statement ider and period provided by applicable law	a above with respect to the security interest(s)	of Secured Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CH	ANGE:			
Check one of these two boxes:	AND Che	ck <u>c</u> <u>1e</u> o thr se three boxes to:		
	or Secured Party of record	CHANC and and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c	ADD name: Complete item DELETE name 7a or 7b, and item 7c to be deleted in	: Give record name item 6a or 6b
6. CURRENT RECORD INFORMA	TION: Complete for Party Information Ch	ange - provid∈ only <u>c⊿e</u> name (6a or 6b)	,	
6a, ORGANIZATION'S NAME		0		
OR 6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Haddad		Deanna		
7. CHANGED OR ADDED INFOR	MATION: Complete for Assignment or Party Inform	ation Change - provide only one name (ra or 7b) (us	act, full name; do not omit, modify, or abbreviate any part of the	Debtor's name)
7a. ORGANIZATION'S NAME		C	7	
OR 7b. INDIVIDUAL'S SURNAME		·	74,	
INDIVIDUAL'S FIRST PERSO	NAL NAME		3,0	
INDIVIDUAL'S ADDITIONAL N	IAME(S)INITIAL(S)		175	SUFFIX
7c. MAILING ADDRÉSS		CITY	STATE POSTAL COD:	COUNTRY
COLLATERAL CHANGE:  Indicate collateral:	Also check one of these four boxes:	ADD collateral DELETE collatera	RESTATE covered collateral	ASSIGN collateral

TW 44

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	NAME OF SECURED PARTY OF RECORD AUTH this is an Amendment authorized by a DEBTOR, check t	HORIZING THIS AMENDMENT: Provide only one name here and provide name of authorizing Debtor	(9a or 9b) (name of Assignor, if this is an Assig	nment)	
O.D.	9a. ORGANIZATION'S NAME Bayview Loan Servicing, LLC				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Haddad, Deanna

39348232 29115 200033098

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#### UCC FINANCING STATEMENT AMENDMENT ADDENDUM

-	C FINANCING STATEMENT AMENDMENT A LOW INSTRUCTIONS	ADDENDO	) IAI		
11. II	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 16022200 6/9/2005 CC IL Cook				
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Am	nendment form			
12, 1	12a. ORGANIZATION'S NAME	ichament form			
	Bayview Loan Servicing, LLC				
OR	12b, INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(SYINITIAL(S)	sı	JFFIX		
				SPACE IS FOR FILING OFFICE US	
13.	Name of DEBTOR on related financing stateme at (Name of a current Debtor of one Debtor name (13a or 13b) (use exact, full name: Jo not omit, modify, or ab	f record required obreviate any par	for indexing purposes only in so t of the Debtor's name); see Inst	me filing offices - see Instruction item ructions if name does not fit	13): Provide only
1	13a, ORGANIZATION'S NAME	<del>.</del>			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NIALIF	ADDITIONAL NAME(SVINITIAL(S)	SUFFIX
	Haddad	Deanna	AL NAME	ADDITIONAL NAME(S)/INTTIAL(S)	SOFFIX
Had	otor Name and Address:  Idad, Deanna - 9237 Greenwood Drive , Tinley Park, IL 60477 oured Party Name and Address:  view Loan Servicing, LLC - 4425 Ponce de Leon Blvd Suite 400	, Coral Gabie	5, FL 33146	ŤŚ O	
16.	This FINANCING STATEMENT AMENDMENT:  ☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed a Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	as a fixture filing	17. Description of real estate: see attached  Parcel ID: 32-20-407-040		
18.	MISCELLANEOUS: 39348232-IL-31 15795 - BAYVIEW SERVICING Bayvie	ew Loan Servicing, t	.LC File with: Cook, iL	29115 200033098	

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## **EXHIBIT "A"**

LOT 7 IN SUBDIVISION OF LOTS 18 THROUGH 31 IN BLOCK 78 IN CHICAGO HEIGHTS, IN THE SOUTH EAST 1/4 OF SECTION 21, TOWNSHIP 25 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 275 EAST 16TH STREET

COOK COUNTY CLOTHES OFFICE