## UNOFFICIAL COPY

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## UCC FINANCING STATEMENT AMENDMENT

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-866-484-23	382
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  78955108 - 345910	
Corporation Service Company 801 Adlai Stevenson Orive	•
Springfield, IL 627/J3	Filed In: Illinois (Cook)

Doc#: 1322819057 Fee: \$40.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 08/16/2013 03:46 PM Pg: 1 of 2

a. INITIAL FINANC	ING STATEMENT	F	٤Ì	UMBER
Q0211Q00 <i>4</i>	01/21/20	na		0

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS

_		Filer. <u>artach</u>	Americanent Addendum (Form UCC3Ad) and provide Debt	ors name in item 13
2.	✓ TERMINATION: Effectiveness of the Financing Statement identified ab Statement	ove is terminated with respect to the	security interest(s) of Secured Party authorizing this	Termination
3.	ASSIGNMENT (full or partial): Provide name of A signee in item 7a or For partial assignment, complete items 7 and 9 and all indicate affected	7b, <u>and</u> address of Assignee in item d collateral in item 8	7c <u>and</u> name of Assignor in item 9	
4.	CONTINUATION: Effectiveness of the Financing Statemer ciden fied continued for the additional period provided by applicable law.	above with respect to the security into	erest(s) of Secured Party authorizing this Continuati	on Statement is
5.	PARTY INFORMATION CHANGE:	<b>1</b>		
(		or these three boxes to:	ADD and a Constitution of DELETE	
_	his Change affects Debtor or Secured Party of record litem	ANG: name and/or address: Complete n 6a or 6b; and item 7a or 7b <u>and</u> item 7c	7a or 7b, and item 7c to be deleted in	Give record name item 6a or 6b
6.	CURRENT RECORD INFORMATION: Complete for Party Information Cha	ange - pr ivide only <u>one</u> name (6a or 6b	)	
٥.	5a. ORGANIZATION'S NAME	0		
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL F.AM.	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Cualoping	Sebastian		
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	nation Change - provide only one name (7a or 7b)	weekect, full name; do not omit, modify, or abbreviate any part o	f the Debtor's name)
	7a. ORGANIZATION'S NAME			
OR				
0.,	7b. INDIVIDUAL'S SURNAME		72.	
	INDIVIDUAL'S FIRST PERSONAL NAME		7,0	
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			
	MONDONE O ADDITIONAL TANNELO MATTALO			SUFFIX
7c.	MAILING ADDRESS	ICITY	STATE POSTAL CODE	COUNTRY
			OTATE POSTALS.	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes:	DD collateral DELETE collate	ral RESTATE covered collateral A	SSIGN collateral
Τı	Indicate collateral:			
I F	IE REAL PROPERTY REFERENCED HEREIN IS	DESCRIBED AS FOLLO	DWS: LOTS 1,2 AND 3 (EXCEPT	THE
M	ORTH 4.00 FEET THEREOF, MEASURED AT RIG	5H ⊢ANGLES) IN HERBI	ERT SCHMEISSER'S SUBDIVISI	ON OF
! }-	IAT PART OF THE NORTHEAST 1/4 OF THE NO	RTHEAST 1/4 OF SECT	ΓΙΟΝ 24, TOWNSHIP 41 NORTH,	RANGE
12	, EAST OF THE THIRD PRINCIPAL MERIDIAN, D	DESCRIBED AS FOLLO	WS: BEGINNING AT THE NORTH	HWEST
C	DRNER OF THE NORTHEAST 1/4 OF THE NORT	THEAST 1/4 OF SECTION	N 24 AFORESAID; THENCE EAS	3T
AL	ONOG THE NORTH LINE OF SAID SECTION 21	0.00 FEET; THENCE SO	DUTH ALONG A LINE AT RIGHT	ANGLES
9. 1	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	AMENDMENT: Provide only one name name of authorizing Debtor	ne (9a or 9b) (name of Assignor, if this is an Assignme	nt)
	9a. ORGANIZATION'S NAME Forest Park National Bank & Tr			
ÓR				
υn	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA: Debtor: Sebastian Cua	alonina		
		~~~r"'8		78955108

1322819057 Page: 2 of 2

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	E NUMBER: Same as item 1a on Ame	endment form			
902119004 01/21/2009 12. NAME OF PARTY AUTHORIZING THIS	S AMENDMENT: Same as item 9 on	A mandment form			
12a. ORGANIZATION'S NAME		Americani			
Forest Park National Bank	& Trust Co.				
DR					
12b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INTHAL(S)		SUFFIX			
				E IS FOR FILING OFFICE	
<ol> <li>Name of DEBTOR on related financing one Debtor name (13a or 13b) (use exact, for</li> </ol>	g state nent (Name of a current Debtor ull nome do not omit, modify, or abbrevi	of record required for indexing ate any part of the Debtor's nar	purposes only in some fil ne); see Instructions if na	ling offices - see Instruction item ame does not fit	13): Provide only
13a. ORGANIZATION'S NAME	Ox	***			· • • • • • • • • • • • • • • • • • • •
DR 13b. INDIVIDUAL'S SURNAME	T I	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
4. ADDITIONAL SPACE FOR ITEM 8 (Co					
				CTION REGISTER	
DOCUMENT T2482093, IN CO	OOK COUNTY, ILLINOIS 2; 09-24-201-021-0000 V	5, ADDRESS: 73 (5 OL. 092; 09-24-201	DEMPSTER ST -022-0000 VOL	r., NILES, IL 60714. . 092	