## UCC FINANCING STATEMENT AMENDMENT

THE TRUCTIONS	
FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
Phone: (800) 331-3282 + ax. (616) 444	
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service@wolte	rskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	15715 - Bank Financial -
C. SEND AGINIONS	40906800
CT Lien Solutions	40900000
<sup>1</sup> p.O. Box 29071	ILIL
Glendale, CA 91209-0071	FIXTURE 1
	FIX TUNE
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L— File with Cook, IL	



Doc#: 1334410028 Fee: \$40.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 12/10/2013 12:16 PM Pg: 1 of 2

INITIAL FINANCING STATEMENT FILE NUTABER  00819010 1/8/2009 CC IL COOL  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination  ASSIGNMENT (full or partial): Provide name of Assigne 3 in 1em 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  ASSIGNMENT (full or partial): Provide name of Assigne 3 in 1em 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  For partial assignment, complete items 7 and 9 and also wide affected collateral in item 8  CONTINUATION: Effectiveness of the Financing Statement ider affect 2 cove with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law  PARTY INFORMATION CHANGE:  Check one of these two boxes:  This Change affects Debtor or Secured Party of record Interest (and an analysis of the Financing Statement ider affect (CHANGE) is ame and/or address: Complete (CHANGE) is ame and/	Glendale, CA 91209-5571	FIXTURE		_	
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	AME	NDMENT: Provide only one name (9a or 9b) name of authorizing Debtor	(name of Assignor, if this is an Assignmen	nt)
9. NAME OF SECURED PARTY OF RE If this is an Amendment authorized by a DEI  9a. ORGANIZATION'S NAME  BANKFINANCIAL, F.S.B.	BTOR, check here and provide n	name of authorizing Debtor		<b>T</b> SUFFIX
OR 9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	
10, OPTIONAL FILER REFERENCE DATA:	Debtor Name: 4309-4317 S. I 303-1902011974	ndiana, LLC	Prepared by CT Lien Soluti	ions, P.O. Box 2907

40906800 FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11) Prepared by CT Lien Solutions, P.O. Box 29071. Glendale, CA 91209-9071 Tel (800) 331-3282

1334410028 Page: 2 of 2

## **UNOFFICIAL COPY**

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

LLOW INSTRUCTIONS	•
INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form	
00819010 1/8/2009 CC IL Cook	1
. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form	1
12a, ORGANIZATION'S NAME BANKFINANCIAL, F.S.B.	
DANIG III/ WOLLD III	1
R 12b. INDIVIDUAL'S SURNAME	<b>}</b>
	4
FIRST PERSONAL NAME	
SUFFIX	1
ADDITIONAL NAME(S)INITIAL(S)	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
3. Name of DEBTOR on related financing statemer. (No. i.e of a current Debtor of record required for indexing the Debtor of the Debtor of record required for indexing the Debtor of Part 12b) (upp pract full named a not omit, modify, or abbreviate any part of the Debtor of Part 12b) (upp pract full named a not omit, modify, or abbreviate any part of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of Part 12b) (upp pract full named a not of the Debtor of t	ig purposes only in some filing offices - see Instruction item 13): Provide only
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13a, ORGANIZATION'S NAME	
4309-4317 S. Indiana, LLC	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
OR 13b, INDIVIDUAL'S SURNAME	
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14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	
Debtor Name and Address: 4309-4317 S. Indiana, LLC - 2790 Birchwood Lane , Deerfield, IL 600 i:	
Secured Party Name and Address: BANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD , BURR Riರಲ್ಲಿ, 'L 605:	27
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15. This FINANCING STATEMENT AMENDMENT:	scription of real estate:
covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing LOTS	S 1, 2, 3 AND 4 IN THE RESUBDIVISION OF THE SOUTH 5 T OF LOT 20 AND ALL OF LOTS 21 AND 24 IN BLOCK 1 IN L.W
16 Name and address of a RECORD OWNER of real estate described in toll 1	NEIG GURDIVISION OF THE FAST 20 ACKES OF THE NORTH
(if Debtor does not have a record interest).	ODES OF THE MEST 1/2 OF THE SOUTHWEST 1/4 OF
SEC"	TION 3, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE RD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
Para	
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