UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	5028 - SUBURBAN BANK
CT Lien Solutions	44859572
P.O. Box 29071 Glendale, CA 91209-9071	ILIL
	FIXTURE
File with Cook, IL	

Doc#: 1426215017 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 09/19/2014 09:27 AM Pg: 1 of 2

	FIX	TURE						
L	File vith Cook, IL		THE ABOVE SPA	CE IS FO	OR FILING OFFICE USE	ONLY		
a. IN	NITIAL FINANCING STATEMENT F.LE NUMBER		1b. This FINANCING STATE	MENT AM	ENDMENT is to be filed [for			
100	3934003 2/8/2010 CC IL Co x			lendum (For	m UCC3Ad) and provide Debtor			
2. [TERMINATION: Effectiveness of the Financiny, St. terment identified all Statement	pove is terminated with	respect to the security interest(s	of Secure	ed Party authorizing this Ter	mination		
3. [_	ASSIGNMENT (full or partial): Provide name of Assigliee in itrum 7a or For partial assignment, complete items 7 and 9 and also in ulcate affe	7b, <u>and</u> address of As cted collateral in item 8	ssignee in item 7c <u>and</u> name of A	ssignor in	item 9			
¥. [CONTINUATION: Effectiveness of the Financing Statement id ntified continued for the additional period provided by applicable law	above with respect to t	the security interest(s) of Secured	Party aut	norizing this Continuation Si	atement is		
5.	PARTY INFORMATION CHANGE:	k <u>one of those</u> three box	ree to:					
	neck one of these two boxes:	CHANGI name ond/or a item 6a or 6b; <u>and</u> item 7	iddress: Complete ADD nam	ne: Comple and item 7		Give record name em 6a or 6b		
6. Cl	JRRENT RECORD INFORMATION: Complete for Party Information Cha	ange - provide anly say	name (6a or 6b)					
	6a. ORGANIZATION'S NAME							
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX		
7 C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	ation Change - provide only	one name (7a or 7b) (use ex lct, full name,	do not omit,	modify, or abbreviate any part of the	Debtor's name)		
	7a. ORGANIZATION'S NAME		0.		•			
OR	7b, INDIVIDUAL'S SURNAME							
	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	, p	46 Mar - 17 M	_		SUFFIX		
7c. l	MAILING ADDRESS	CITY	-	STATE	POSTAL COCL	COUNTRY		
8. 🕽	COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral		
	Indicate collateral:				·······	ے در میں		
THI	E SOUTH 46 FEET OF LOT 7 IN BLOCK 6 IN STEWART'S WNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD F	S SUBDIVISION O PRINCIPAL MERID	OF THE NORTH 1/2 OF THE DIAN, IN COOK COUNTY, I	LLINOIS	HEAST 1/4 OF SECTI 5.	ON 28,		
Rea Rea	al Property located at 7557 S. STEWART STREET, CHICA al Property Identification Number is 20-28-400-012-0000	AGO, IL 60602.				- 100 100 100 100 100		
All I	Fixtures; whether any of the foregoing is owned now or accepting; all records of any kind relating to any of the foregoi	quired later; all acc ng; all proceeds re	essions, additions, replace lating to any of the foregoin	ments, a	nd substitutions relatin	g to any of the l intangibles		
	AME OF SECURED PARTY OF RECORD AUTHORIZING TH							
	this is an Amendment authorized by a DEBTOR, check here and p	rovide name of authoriz						
	9a, ORGANIZATION'S NAME SUBURBAN BANK & TRUST							
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX		
		DE 051/4/2/15 =	MANUT					
	OPTIONAL FILER REFERENCE DATA: Debtor Name: PARAMC 859572 rs/mr	RE, SEYMOUR E	MANUEL		11698			
440	DOUTE 19/111				Propagat by CT Lies Salu	tions P.O. Box 29071		

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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	OW INSTRUCTIONS			
lon'	ITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend	lment form		
	3934003 2/8/2010 CC IL Cook			
	IAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on An 12a. ORGANIZATION'S NAME	nendment form		
SUBURBAN BANK & TRUST				
OR	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(SYINITIAL(S)		THE ABOVE SPACE IS FOR FILING OFFICE US	
13. 1	Name of DEBTOR on related financing stateme α (thame of a current Debtor one Debtor name (13a or 13b) (use exact, full nan ς, do not omit, modify, or all	f record required for indexing purpor obreviate any part of the Debtor's na	ses only in some filing offices - see Instruction item ame); see Instructions if name does not fit	13): Provide only
ſ	13a. ORGANIZATION'S NAME			<u></u>
OR	13b. INDIVIDUAL'S SURNAME PARAMORE	FIRST PERSONAL NAME SEYMOUR	ADDITIONAL NAME(SYMITIAL(S) EMANUEL	SUFFIX
and	accounts proceeds).	75		
15	This FINANCING STATEMENT AMENDMENT:	17. Description o	f real estate:	