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### UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER (optional) PAYOFF DEPT. 212-850-4707 B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**FOLLOW INSTRUCTIONS** 

EMIGRANT MORTGAGE COMPANY, INC. **5 EAST 42ND STREET, 7TH FLOOR** NEW YORK, NY 10017

Doc#: 1508429021 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds Date: 03/25/2015 12:15 PM Pg: 1 of 3

ATTN: PAYOF) DEPT.	
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. Initial financing statement lie number 1006418058; 03/05/2010, COOK COUNTY- I	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 1
2. TERMINATION: Effectiveness of the rine ding Statement identified abort Statement	we is terminated with respect to the security interest(s) of Secured Party authorizing this Termination
ASSIGNMENT (full or partial): Provide name of / ssignee in item 7a or 7     For partial assignment, complete items 7 and 9 and also in provide affected of the state of t	b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 collateral in item 8
CONTINUATION: Effectiveness of the Financing Stateme it ide. tifled at continued for the additional period provided by applicable is v	bove with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
	2 of these three boxes to: CT name and/or address: CompleteADD name: Complete itemDELETE name: Give record name
This Change affects Debtor or Secured Party of record item 6	a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b
<ol> <li>CURRENT RECORD INFORMATION: Complete for Party Information Chan 6a. ORGANIZATION'S NAME</li> </ol>	ge - p uvide ( און <u>one</u> name (6a or 6b)
DE ONGARIZATIONS NAME	
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO MIN ME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
STRAND	JACK  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	tion Change – provide only one name $C_a$ or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME	The state of the s
OR	C'/
7b. INDIVIDUAL'S SURNAME	<b>O</b> .
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7c. MAILING ADDRESS	CITY STATE POSTAL CODE COUNTRY
	C <sub>2</sub>
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	O collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:	
7756 W. MADISON ST.	
RIVER FOREST, IL 60305 TAX ID#: 15-12-320-039	
TAX 1D#: 15-12-320-039	
9 NAME OF SECURED DARTY OF BECORD AUTHORIZAGO THE AN	IF VOLUME
If this is an Amendment authorized by a DEBTOR, check here and provide n	MENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) name of authorizing Debtor
9a. ORGANIZATION'S NAME	
EMIGRANT FUNDING CORPORATION	
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	
TO THE PROPERTY OF THE PROPERT	

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### UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

**FOLLOW INSTRUCTIONS** 19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as Item 1a on Amendment form 1006418058; 03/05/2010; COOK COUNTY- IL 20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 20a. ORGANIZATION'S NAME **EMIGRANT FUNDING CORPORATION** 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAM ADDITIONAL NAME(S)/INTITIAL(S SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME OR 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STRAND NANCY L STATE 21c. MAILING ADDRESS POSTAL CODE COUNTRY 22. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2200 273) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 22a. ORGANIZATION'S NAME OR 22b. INDIVIDUAL'S SURNAME FIRS PERCONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 23. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23a or 23b) (use exact, full name: d ...ot omit, modify, or abbreviate any part of the Debtor's name) 23a. ORGANIZATION'S NAME OR 23b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE 23c. MAILING ADDRESS POSTAL CODE COUNTRY CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one in me (2/ 3 or 24b) 24a ORGANIZATION'S NAME 24b INDIVIDUAL'S SURNAME ADDITIONAL NAME( )/IN TIAL(S) FIRST PERSONAL NAME SUFFIX 24c. MAILING ADDRESS STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (25a or 25b) 25a. ORGANIZATION'S NAME OR 25b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 25c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 26. MISCELLANEOUS:

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#### LEGAL DESCRIPTION

LOT 18 (EXCEPT THE WEST 12 FEET THEREOF) AND ALL OF LOTS 19, 20, 21, 22, 23 AND 25 IN BLOCK 8 IN E.S. CONWAY'S RESUBDIVISION OF RANSON'S SUBDIVISION OF THE WEST ½ OF THE EAST ½ OF THE SOUTHWEST ¼ OF SECTION 12, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 15-12-320-039-0000

Or Coot County Clert's Office ADDRESS: 7756 W. MADISON ST., RIVER FOREST, IL 60305