

JCC FINANCING STATEMENT AMENDATED TO STATEMENT AMENDATED TO STATE OF THE STATEMENT AMENDATED TO STATEMENT AMENDATE	Doc#: 1516039039 Fee: \$40.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00				
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		Karen A.Yarbrough Cook County Recorder of Deeds			
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@woltersklu	wer.com		06/09 Date: 06/09	9/2015 09:34 AM Pg: 1	of 2
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1571	5 - Bank Financial -				
CT Lien Solutions P.O. Box 29071	48331413				
Glendale, CA 91209-9071	LIL				
, P	IXTURE				
File with: Cook, IL		THE ABOV	/E SPACE I	S FOR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NU /BER		(or recorded) in i	tne KEAL ES dment Addendu	T AMENDMENT is to be filed [TATE RECORDS in (Form UCC3Ad) and provide Deb	otor's name in item 13
TERMINATION: Effectiveness of the Financing St. ement identify Statement	fied above is terminated with	respect to the security in	nterest(s) of S	Secured Party authorizing this T	ermination
ASSIGNMENT (full or partial): Provide name of Assignee in item For partial assignment, complete items 7 and 9 and als i in ich	e allected constellar in torn	•			
CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	ntilled above with respect to	the security interest(s) of	Secured Par	ty authorizing this Continuation	Statement is
- DEADTACHUTODIMATION CHANGE					
Check one of these two boxes:	Check or e of her a three bo	address: Complete	ADD name: 0		e: Give record name in item 6a or 6b
This Change affects Debtor or Secured Party of record	item 6a or .b; and item	7a or 7b and item /c	7a or 7b, <u>and</u>	item /c Lo be deleted	III Relii da di do
6. CURRENT RECORD INFORMATION: Complete for Party Information	on Change - provide only or	<u>e</u> name (6a or 6b)			
6a. ORGANIZATION'S NAME Eveline Parchem as Trustee of the Eveline Pa	rchem Trust dated A	ടർ! 5, 2010			
	FIRST PERSON	VAL DAMA	A	DDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 6b. INDIVIDUAL'S SURNAME		1/4			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Part	y Information Change - provide only	one name (" , /b) (use exa	ct, full name; do n	ot crnit, modify, or abbreviate any part of	of the Debtor's name)
7a. ORGANIZATION'S NAME		C	/		
OR 75. INDIVIDUAL'S SURNAME			9/2		
INDIVIDUAL'S FIRST PERSONAL NAME				Ś	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			·	-Ox	SUFFIX
				Toposti (OPF	COUNTRY
7c. MAILING ADDRESS	CITY			STATE POSTAL CODE	Codititit
8. COLLATERAL CHANGE: Also check one of these four bo	xes: ADD collateral	DELETE collateral	RE	STATE covered collateral	ASSIGN collateral
Indicate collateral:					
Walder called a					S
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					L.

), N	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME! this is an Amendment authorized by a DEBTOR, check here and provide no	NDMENT: Provide only <u>one</u> name (9a or 9b) (nar ame of authorizing Debtor	ne of Assignor, if this is an Assignmen	t)
1	9a. ORGANIZATION'S NAME			
	BANKFINANCIAL, F.S.B. 9b. INDIVIOUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFI

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Eveline Parchem as Trustee of the Eveline Parchem Trust dated April 5, 2010 ΤV

3117/1902056277 48331413

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

1516039039 Page: 2 of 3

UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

1. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 313722087 5/17/2013 CC IL Cook 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME BANKFINANCIAL, F.S.B. OR 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (if time of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full no net, do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME Eveline Parchem as Trustee of the Eveline Personal NAME Additional NAME(SyINITIAL(S) SUFFIX	OLL	OW INSTRUCTIONS				
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1516039039 Page: 3 of 3

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Exhibit for Real Estate

17. Description of real estate:

Continued

THIS DESCRIPTION) THENCE NORTH 67.10 FEET; THENCE EAST 19.95 FEET; THENCE SOUTH 3.17 FEET; THENCE EAST 20.09 FEET; THENCE SOUTH 5.56 FEET; THENCE EAST 4.0 FEET; THENCE SOUTH 49.75 FEET; THENCE WEST 4.0 FEET; THENCE SOUTH 4.95 FEET; THENCE WEST 32.03 FEET TO THE PLACE OF BEGINNING, IN COOK COUNTY, ILLINOIS.

Parcel ID:
19-10-301-100 0000

Office PARCEL 2: EASEMENT APPURTENANT TO AND FOR THE BENEFIT OF PARCEL 1 AS SET FORTH AND DEFINED IN THE DECLARATION OF EASEMENTS RECORDED AS DOCUMENT NO. 24462127 FOR INGRESS AND EGRESS ALL IN