=

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@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 506503 - SIERRA VIEW CT Lien Solutions 49780073 P.O. Box 29071 Glendale, CA 91209-9071 11 11



Doc#: 1525434088 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 09/11/2015 01:06 PM Pg: 1 of 3

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1a. INITIAL FINANCING STATE MEN I FILE NUMBER	THE	AROVE PRACE IS TO THE	
0526915049 PG 1-2 9/2F 20/05 CC IL Cook	i1b. ✓ This FINA	ABOVE SPACE IS FOR FILING OFFICE USE	ONLY
2 7 = 3/2/ 20/3 CC IL Cook	(or record	NCING STATEMENT AMENDMENT is to be filed (for re ed) in the REAL ESTATE RECORDS	ecord]
 IERMINATION: Effectiveness of the Fullar ding Statement identified about Statement 	Ove is terminated with	Amendment Addendum (Form UCC3Ad) and provide Debtor's	name in item 13
TERMINATION: Effectiveness of the Filter cing Statement identified about the Statement ASSIGNMENT (1)	with respect to the sec	curity interest(s) of Secured Party authorizing this Termi	nation
o. L. J AGO ONMEN I (fill of partial): Drovids			
ASSIGNMENT (full or partial): Provide name Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affect.	ed collateral in item 8	and name of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statem ant identified a			
4. CONTINUATION: Effectiveness of the Financing Statement identified all continued for the additional period provided by applicable law 5. PARTY INFORMATION CHARGE.	pove with respect to the security interest	(s) of Secured Party authorizing this Continuation State	mont is
CHANGE:			ment is
Check one of these two boxes: AND C. act.	or of these three boxes to:		
This Change affects Debtor or Secured Party of record	IANY E : ame and/or address: Complete	ADD	
CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME	n oa shi and item 7a or 7b and item 7c	ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give to be deleted in item	record name
6a. ORGANIZATION'S NAME	ge - provide rany one name (6a or 6b)	C 10 30 coletes ill light	oa or bo
OR 6b. INDIVIDUAL'S SURNAME			
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME	Change - provide only one name (7£ or 7t fuse	Avact full pages of	
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8. COLLATERAL CHANGE: Also check one of these four boxes: AD indicate collateral: COUNTY/RECORDING DISTRICT: COOK SITUS/ADDRESS: 5222 WEST HENDERS ON CHICAGO INC.	D collateral DELETE collatera	STATE POSTAL CUOF CO	UNTRY
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD Indicate collateral: COUNTY/RECORDING DISTRICT: COOK SITUS/ADDRESS: 5222 WEST HENDERSON, CHICAGO, IL 6064 PARCEL #: 13-21-318-023-0000	D collateral DELETE collatera	STATE POSTAL CUOF CO	UNTRY
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9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

FIRST PERSONAL NAME

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

LOAN NUMBER: ILIL05083-RC

If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: AGUILAR, HUMBERTO

9a. ORGANIZATION'S NAME

9b. INDIVIDUAL'S SURNAME

49780073

SIERRA VIEW HOLDINGS INC.

LOAN AMOUNT \$8,915.00 repared by CT Lien Solutions, P.O. Box 29071, lendale, CA 91209-9071 Tel (800) 331-3282

SUFFIX

CCRD REVIEWER

ADDITIONAL NAME(S)/INITIAL(S)

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11. INITIAL FINANCING STATEMEN	ATEMENT AMENDMENT AD	0111		
0526915049 PG 1-2 9/26/	FILE NUMBER: Same as item 1a on Amendmen	t form		
12. NAME OF PARTY AUTHORIZING	THIS AMENDMENT: Same as item 9 on Amendr			
SIFRA VIEW LICE	Same as item 9 on Amendr	nent form		
SIERRA VIEW HOLDIN	IGS INC.			
OR				
12b. INDIVIDUAL'S SURNAME				
FIRST PERSON & N. ME				
ADDITIONAL NAME (SV' AITIA .(S)				
3. Name of DEPTOR		SUFFIX		
one Debtor name (13a or 13b) (use	og salement (Name of a current Debtor of record exac', full ame; do not omit, modify, or abbreviate	THE AS	OVE SPACE IS FOR FILING OFFICE	
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		selection of name), se	e instructions if name does not fit	ani 13); Provi
13b. INDIVIDUAL'S SURNAME				
AGUILAR	FIRST F	ERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	 _
ADDITIONAL SPACE FOR ITEM 8 (C	oliateral):	BERTO	MAME(S)/INITIAL(S)	SUFFIX
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Cured D	ST HENDERSON STREET, CHILAGO.	IL 60641		
Cured Party Name and Address:		110//		
HOLDINGS INC 9	969 River Way , Delta, BC V4G 1M8			
	- 7 - 11VIO			
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Property of Cook County Clark's Office

Debtor: AGUILAR, HUMBERTO

Exhibit for Real Estate

17. Description of real estate:

13-21-318-023-0000

Continued

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