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JCC FINANCING STATEMENT AMENDME	NT	DUSP Fee	1525916008 Fee: \$40.0 1525916008 Fee: \$1.00 159.00 APRF Fee: \$1.00	
A NAME & PHONE OF CONTACT AT FILER (optional) LOAN SERVICING 800-775-8015 B. E-MAIL CONTACT AT FILER (optional)			rarbrough unty Recorder of Deeds (16/2015 10:13 AM Pg: 1 of	2
C. SEND ACKNOWLEDGMENT TO: (Name and Address) FIRST MUTUAL SALES FINANCE				
PO BOX 1647	ļ			
BELLEVUE, WA 98009 1a INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STAT	ACE IS FOR FILING OFFICE USE EMENT AMENDMENT IS to be filed (fo AL ESTATE RECORDS	r record]
0535312021 12/19/2005	above is terminated	Filer: <u>attach</u> Amendment A	ddendum (Form UCC3Ad) <u>and</u> provide Debi	tor's name in item 13 s Termination
Statement Vision of Assistance in Item 7				
3. ASSIGNMENT (full or partial): Provide Name of Assignment item? For partial assignment, complete items 7 and 9 and also indicate affet 4. CONTINUATION: Effectiveness of the Financing Statement identification.	CIEG COMPTETE IN TELL	•		tion Statement is
4. CONTINUATION: Effectiveness of the Financing Statement identical continued for the additional period provided by applicable Is a	fied above with respec	t to the security microsity or o		
Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	6	7a or 7b <u>and</u> item 7c	name. Complete item DELETE name 7b, and item 7c to be deleted if ADDITIONAL NAME(S)/INITIAL(S)	: Give record name
OR 66 INDIVIDUAL'S SURNAME DARNELL	FIRST PERS	Ž		, in
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Tall ORGANIZATION'S NAME	Information Change - provid	e only or , nan e (7a or 7b) (use exact. fu	ill name: do not omit, modify, or abbreviate any par	t of the Deptor's name
OR 7b. INDIVIDUAL'S SURNAME		O.		S
INDIVIDUAL'S FIRST PERSONAL NAME			ŕ,	M
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			0,0	SUFFIXSC
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered codata a	ASSIGN collateral
PARCEL ID: 21-31-401-007-0000 LEGAL: THE FOLLOWING DESCRIBED REA OF ILLINOIS, TO:WIT: LOT 18 IN BLOCK 9 SECTION 31, TOWNSHIP 38 NORTH, RANGE BELONGING TO THE SOUTH CHICAGO RAI RESTRICTIONS, RESERVATIONS, EASEMEN 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and 9a. ORGANIZATION'S NAME FIRST MUTUAL BANK	IN THE CIRC 15, EAST OF ILROAD COM NTS, COVENA	THE THIRD PRINC PANY), IN COOK CONTS, OIL, GAS OR Provide only one name (9a or to the cook)	IPAL MERIDAN (EXCEI OUNTY ILLINOIS. SUB- MINERAL RIGHTS OF I (name of Assignor, if this is an Assign	PTIN LANDS JECT TO RECORD, IF
OR 9b. INDIVIDUAL'S SURNAME	FIRST PER	ONAL NAME	ADDITIONAL NAME (S) WITIAL(S	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: DEBTOR: DARNELL, 52-108893-06		C	OOK, IL \$50.00	

1525916008 Page: 2 of 2

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. INITIAL FINANCING S)535312021	12/19	9/2005				
NAME OF PARTY AUT	HORIZING THIS AMEND	OMENT: Same as item 9	on Amendment form			
FIRST MUT						
				l .		
12b. INDIVIDUAL'S SUR	NAME					
FIRST PERSONAL	NAME .					
A DOTTIONAL ALAMI	F(P) NIC (A)		SUFFIX			
ADDITIONAL NAMI	100				SPACE IS FOR FILING	
Name of DEBTOR on	related financing stateme	ent (Name of a current De	ebtor of record required for inde breviate any part of the Debtor's	ring purposes only in so	ome filing offices - see Instru	ction item 13): Provid
one Debtor name (13a o		do not omit, modify, or abi	previate any part of the Debtor.	maniej, see mandalon		
13a. ORGANIZATION S	Wille	Ox				
13b. INDIVIDUAL'S SUF	RNAME		FIRST PERSONAL NAME BOBBIE		ADDITIONAL NAME(S)/INI	TIAL(S) SUFFIX
DARNELL	FOR ITEM 8 (Collateral):		BODDIE		-	
F ILLINOIS, TO ECTION 31, TO' ELONGING TO ESTRICTIONS, NV	D:WIT: LOT 18 IN WNSHIP 38 NORT THE SOUTH CHI RESERVATIONS	[H, RANGE 15,] ICAGO RAILRO 5, EASEMENTS,	HE CINCUIT COU EAST OF THE THI DAD COMPANY), I COVENANTS, OIL E AVE, CHICA GO,	RD PRINCIPA N COOK COU , GAS OR MIN	L MERIDAN (EX NTY ILLINOIS, S NERAL RIGHTS (CEPTIN LAN SUBJECT TO
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