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#### **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) 10656 - PCS Receivables **CT Lien Solutions** 50605529 P.O. Box 29071 Glendale, CA 91209-9071 ILIL **FIXTURE** 



Doc#: 1527939018 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 10/06/2015 09:28 AM Pg: 1 of 3

File with: Cook, IL		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
a. INITIAL FINANCING STATEMENT FLET NUMBER 1420515190 7/24/2014 CC/L CUOK	(or recorded	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 13			
2. TERMINATION: Effectiveness of the Financing Statement identifications.	itified above is terminated with respect to the secu	rity interest(s) of Secured Party authorizing this	Termination		
ASSIGNMENT (full or partial): Provide name or Assigner in ite For partial assignment, complete items 7 and 9 and a so ir direction.	m 7a or 7b, <u>and</u> address of Assignee in item 7c <u>ar</u> Lite affected collateral in item 8	nd name of Assignor in item 9			
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	or ufied above with respect to the security interest(	s) of Secured Party authorizing this Continuation	n Statement is		
. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	<u>ID</u> Check <u>(</u> <u>ne</u> σ th∕ se three boxes to:				
This Change affects Debtor or Secured Party of record	CHANC: name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c		ne: Give record name in item 6a or 6b		
3. CURRENT RECORD INFORMATION: Complete for Party Informat			in tom od or ob		
6a. ORGANIZATION'S NAME	0,				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NE NE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
ROBLES	JUAN	/ DEFFICIENCE (O) INTEREST (O)	Journa		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Part	V Information Change - provide cash one name - 75) (us				
7a. ORGANIZATION'S NAME	y minormation change - provide only one marine (7a or 7b) (us	a, rull name; do not omit, modify, or abbreviate any part of	the Debtor's name)		
		-/-			
7b. INDIVIDUAL'S SURNAME					
		74,			
INDIVIDUAL'S FIRST PERSONAL NAME					
		0.			
INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S)			Lougen		
			SUFFIX		
7c. MAILING ADDRESS	[ CITY	STATE POSTAL CODE	COUNTRY		
		STATE POSTAL CODE	COUNTRY		
COLLATERAL CHANGE: Also check one of these four box	es: ADD collateral DELETE collater	ral RESTATE covered collateral	ASSIGN collateral		
Indicate collateral:					
	<b>;</b>				
			~		

0 N	IAME OF SECTIONS DARRY OF RECORD AUTHORS	ZINC THE ANENDHENT D		
o. M	IAME OF SECURED PARTY OF RECORD AUTHORI this is an Amendment authorized by a DEBTOR, check here	ZING THIS AMENUMENT: Provide only <u>one</u> name (92 and provide name of authorizing Debtor	a or 9b) (name of Assignor, if this is an Assignm	ent)
	9a. ORGANIZATION'S NAME	and provide halfe of addictizing Debici	1-4-4	<del></del>
	Prime Acceptance Corp.			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: ROBLES, JUAN

50605529 621-21-0521

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

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#### **UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOL	LOW INSTRUCTIONS				
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendr 20515190 7/24/2014 CC IL Cook	ment form			
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ame	endment form			
	12a. ORGANIZATION'S NAME				
	Prime Acceptance Corp.				
OR					
0.,	12b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(SYINITIAL) 3)	SUFFIX			
13.	Name of DEBTOR on related financing statement (Name of a current Debtor of r	record required for indexing	ourposes only in son	SPACE IS FOR FILING OFFICE US ne filing offices - see Instruction item	
	one Debtor name (13a or 13b) (use exact, full name do not omit, modify, or abb	previate any part of the Debt	or's name); see Instr	uctions if name does not fit	
	13a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·			
OR	13b. INDIVIDUAL'S SURNAME ROBLES	FIRST PERSONAL NAME JUAN		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
ROI Seco Prin	of the statement amendment:		on of real estate:		
	covers timber to be cut covers as-extracted collateral in filed as Name and address of a RECORD OWNER of real estate described in item 17 if Debtor does not have a record interest):	EAST FISHE LAWN THE S 1/4 IN RANG MERIC	20 FEET OLLS 2ND A SUBDIV OUTHEAS SECTION E 13 EAST	EET OF LOT 13 AND FLOT 14 IN BLOCUTION TO CHICUTE SOLUTION TO CHICUTE SOLUTION TO THE WEST 1/4 OF THE THIRD POOK COUNTY, ILL	CK 4 IN CAGO EST 1/2 OF JTHWEST NORTH, RINCIPAL
18	MISCELLANEOUS: 50605529-IL-31 10656 - PCS Receivables Corp Prime Ad	ceptance Corp.	File with: Cook, IL	621-21-0521	

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**Debtor: ROBLES, JUAN** 

**Exhibit for Real Estate** 

17. Description of real estate:

Continued

APN; 19-14-330-011-0000

Parcel ID:

And Cook County Clark's Office 19-14-330-011-0000