#### **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@wolte	erskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	15795 - BAYVIEW	
CT Lien Solutions P.O. Box 29071	54552816	
Glendale, CA 91209-9071	ILIL	
	FIXTURE	
File with: Cook, IL		<u>J</u>



Doc#: 1618339163 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karer: A.Yarbrough

Cook County Recorder of Deeds Date: 07/01/2016 02:11 PM Pg: 1 of 3

THE ABOVE SPACE IS FOR FILING OFFICE USE (	DNLY
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a. INITIAL FINANCING STATEMENT FILE NUMBER 0622817066 8/16/2006 CC IL Cc oli	or recorded) in the	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				
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified Statement</li> </ol>	I above is terminated with respect to the security in	terest(s) of Secured Party authorizing this Te	ermination			
ASSIGNMENT (full or partial): Provide name of Assign e in ter. 7a For partial assignment, complete items 7 and 9 and also in cate at		me of Assignor in item 9				
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement ider tife continued for the additional period provided by applicable law</li> </ol>	ed above with respect to the security interest(s) of S	Secured Party authorizing this Continuation (	Statement is			
5. PARTY INFORMATION CHANGE:	0/					
Check one of these two boxes: AND Ch	heck one of 1.000 three boxes to:					
This Change affects Debtor or Secured Party of record		ADD name: Complete item DELETE name: 'a or 7b, and item 7c to be deleted in	Give record name item 6a or 6b			
5. CURRENT RECORD INFORMATION: Complete for Party Information C						
6a. ORGANIZATION'S NAME	Jan (care of					
	4					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX			
OLIVER	ERICA	В.				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	rmation Change - provide only one name (7e or 7b) (I se exact	full name; do not omit, modify, or abbreviate any part of t	he Debtor's name)			
7a. ORGANIZATION'S NAME			-			
OR TANDARDING CONTRACT						
7b. INDIVIDUAL'S SURNAME		4				
		1.0				
INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		772.	SUFFIX			
			-			
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
R COLLATERAL CUANCE. No. shadow of the state	ADD collateral DELETE collateral	RESTATE covered collateral	ASSIGN collateral			
B COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four boxes:	ADD collateral DELETE collateral	L RESTAGE COVERED CONSTENS	AOGION CONGICION			
Indicate collateral:						
			Œ			

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) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME BAYVIEW LOAN SERVICING, LLC 9b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: OLIVER, ERICA B.

54552816 43239 200043698

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

Prepared by CT Lien Solutions, P.O. Box 2907 Glendale, CA 91209-9071 Tel (800) 331-3282

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

	LOW INSTRUCTIONS	DDLINDO	7 141			
11, IN	ITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendr	ment form				
062	2817066 8/16/2006 CC IL Cook					
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form						
	12a. ORGANIZATION'S NAME BAYVIEW LOAN SERVICING, LLC					
ļ	BATTLET ESAT SERVICING, EES					
			I			
OR	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	<u>O</u>					
	ADDITIONAL NAME(SYINITIAL(S)	Su	JFFIX			
	(OSSTOR				PACE IS FOR FILING OFFICE US	
13. ľ	Name of DEBTOR on related financing statement (.ve ne of a current Debtor of one Debtor name (13a or 13b) (use exact, full name do not omit, modify, or ab	record required breviate any par	for indexing purpo t of the Debtor's n	ises only in son ame); see Instri	ne filing offices - see instruction item actions if name does not fit	(13): Plovide only
ſ	13a. ORGANIZATION'S NAME		**			<del></del>
OR	13b, INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
	OLIVER	ERICA			В.	
	ADDITIONAL SPACE FOR ITEM 8 (Collateral):	)/				
Deb OLP	tor Name and Address: /ER, ERICA B 3700 STREAMWOOD DRIVE , HAZEL CRES	T. IL 60429				
OLI	VER, TRAVIS E 3700 STREAMWOOD DRIVE , HAZEL CRES	ST, IL 5042)				
Sac	ured Party Name and Address:		).			
BAY	VIEW LOAN SERVICING, LLC - 4425 PONCE DE LEON BLVD	. 5TH FLOO	F., CORAL GA	BLES, FL 33	146	
			YOx			
			(	C/		
Secured Party Name and Address: BAYVIEW LOAN SERVICING, LLC - 4425 PONCE DE LEON BLVD. 5TH FLOOF, CORAL GABLES, FL 33146						
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					$O_{x_{-}}$	
					Office	
					(C-	
					<b>-</b> 0	
45	This FINANCING STATEMENT AMENDMENT:		17. Description of	of real estate:		
15,		as a fixture filing	•			
	Name and address of a RECORD OWNER of real estate described in item 17	· · · · · · · · · · · · · · · · · · ·	see allal	ni <del>c</del> u		
I	if Debtor does not have a record interest):					
			Parcel IE	۸.		
			30-17-20	17-019		
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			Į.			
	MISCELLANEOUS; 54552816-IL-31 15795 - BAYVIEW SERVICING BAYVI	IEW LOAN SERVI	CING. LLC File	with: Cook, IL	43239 200043698	
18.	MISCELLANEOUS; 040020104E-01 10190 - BAT VIEW OFFWICHTO BAT VI		,			

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#### **EXHIBIT "A"**

### **LEGAL DESCRIPTION**

LOTS 27 AND 28 IN BLOCK 24 IN WEST HAMMOND SUBDIVISION OF THE NORTH 1896 FEET OF FRACTIONAL SECTION 17, TOWNSHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 30-17-207-019

