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ICC FINANCING STATEMENT A	MENDMENT			
DLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (option	nal)	Do AH	c#: 1623839127 Fee: \$4 SP Fee:\$9.00 RPRF Fee: \$1.00	12.00
Phone: (800) 331-3282 Fax: (818) 662-414		Kar	en A. Yarbrough	
. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@)wolterskluwer.com	TI Cod	k County Recorder of Deeds e: 08/25/2016 11:55 AM Pg: 1 (of a
SEND ACKNOWLEDGMENT TO: (Name and Add	lress) 8839 - BCM	1	·· · g. 11	VI J
CT Lien Solutions P.O. Box 29071	55030768	_		
Glendale, CA 91209-9071	ILIL FIXTURE _I		termination of the second of t	
File with Cook, IL		THE ABOVE	SPACE IS FOR FILING OFFICE U	SE ONLY
a. INITIAL FINANCING STATEMENT FUE WIMBER 632042029 11/18/2006 CC IL Cook		(or recorded) in the	TATEMENT AMENDMENT is to be filed [REAL ESTATE RECORDS ant Addendum (Form UCC3Ad) and provide Deb	
TERMINATION: Effectiveness of the Financing Statement	tement identified above is terminated wit	th respect to the security inte	rest(s) of Secured Party authorizing this T	ermination
ASSIGNMENT (full or partial): Provide name of Ass For partial assignment, complete items 7 and 9 and	al o in ic affected collateral in item	8		01-11
CONTINUATION: Effectiveness of the Financing S continued for the additional period provided by app		the security interest(s) or Se	cured Party authorizing this Continuation	Statement is
PARTY INFORMATION CHANGE:				
Check one of these two boxes:	AND Check cine of the seithree be — CHANG' end/or		D name: Complete item DELETE name	e: Give record name
This Change affects Debtor or Secured Party of		7a or 7b and item 7c 7a	or 7b, and item 7c to be deleted in	
CURRENT RECORD INFORMATION: Complete for Pa				
69. ORGANIZATION'S NAME AMALGAMATED BANK OF CHICAG KNOWN AS TRUST NO. 5498		(/		
6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL HATTE	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Ass	ignment or Party Information Change - provide only	one name (Tu or 7b) (usesct, fu	Il name; do not omit, modify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME		C/		
75. INDIVIDUAL'S SURNAME			74,	
INDIVIDUAL'S FIRST PERSONAL NAME			S	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)			9/50	SUFFIX
7c. MAILING ADDRESS	СПҮ		STATE POST/L (OD)	COUNTRY
COLLATERAL CHANGE: Also check one of the	ese four boxes: ADD collateral	☐ DELETE collateral	RESTATE covered collateral	ASSIGN collateral

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

SUN LIFE ASSURANCE COMPANY OF CANADA

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: AMALGAMATED BANK OF CHICAGO, AS TRUSTEE UNDER A TRUST AGREEMENT DATED

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

708054776

Indicate collateral:

55030768

1623839127 Page: 2 of 3

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HOC	CINIANCING	<i>QTATEMENT</i>	AMENDMENT	ADDENDUM
HE HE	PINANCING	SIAIEMENI	AMENUMENI	AUDENDUM

INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1s	a on Amendment form			
332042029 11/18/2006 CC IL Cook				
P. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as it	em 9 on Amendment form			
12s. ORGANIZATION'S NAME	5.4			
SUN LIFE ASSURANCE COMPANY OF CANA				
R 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	THE ABOVE SE	PACE IS FOR FILING OFFICE US	E ONLY
3. Name of DEBTOR on related financing statemy at (a) ame of a currer one Debtor name (13a or 13b) (use exact, full nr ne: do not omit, m	nt Debtor of record required for ind	xing purposes only in some	e filing offices - see Instruction item	
13a, ORGANIZATION'S NAME AMALGAMATED BANK OF CHICAGO, AS TRI				OO AND
KNOWN AS TRUST NO. 5498				
R 13b. INDIVIDUAL'S SURMAME	FIRST PERSONAL NAM		ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
4. ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
498 - 333 W. WACKER DRIVE, SUITE 2750 , CHICAGO ecured Party Name and Address: UN LIFE ASSURANCE COMPANY OF CANADA - ONE		CK , WELLESLEY HILL	LS, MA 02481	
ecured Party Name and Address: UN LIFE ASSURANCE COMPANY OF CANADA - ONE	SUN LIFE EXECUTIVE PAR	Clory	LS, MA 02481	
ecured Party Name and Address: UN LIFE ASSURANCE COMPANY OF CANADA - ONE	SUN LIFE EXECUTIVE PAR	escription of real estate:		
ecured Party Name and Address: UN LIFE ASSURANCE COMPANY OF CANADA - ONE 5. This FINANCING STATEMENT AMENDMENT: Covers timber to be cut	SUN LIFE EXECUTIVE PAR	escription of real estate: OPERTY ADD	RESS:	
ecured Party Name and Address: UN LIFE ASSURANCE COMPANY OF CANADA - ONE	SUN LIFE EXECUTIVE PAR	escription of real estate: OPERTY ADD		CAGO, I
ecured Party Name and Address: UN LIFE ASSURANCE COMPANY OF CANADA - ONE 5. This FINANCING STATEMENT AMENDMENT: covers timber to be cut	SUN LIFE EXECUTIVE PAR 17. D	Scription of real estate: OPERTY ADD 00, S. STONY I 024050200000 024050260000 024050210000	RESS: ISLAND AVE, CHI	CAGO, I
ecured Party Name and Address: UN LIFE ASSURANCE COMPANY OF CANADA - ONE 5. This FINANCING STATEMENT AMENDMENT: covers timber to be cut	SUN LIFE EXECUTIVE PAR is filed as a fixture filing 91 TA 25 25 25 25 25 25 25 2	sscription of real estate: OPERTY ADD 00, S. STONY I	RESS: ISLAND AVE, CHI	CAGO, I

1623839127 Page: 3 of 3

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Debtor: AMALGAMATED BANK OF CHICAGO, AS TRUSTEE UNDER A TRUST AGREEMENT D

Exhibit for Real Estate

17. Description of real estate:

Continued

25024050220000,

25024050280000,

25024050230000,

25024050290000.

25024050240000.

25024050250000.

25024050310000.

LEGAL DESCRIPTION:

LOTS 1 TO 12 IN BLOCK I IN CALUMET AND CHICAGO CANAL AND DOCK COMPANY'S SUBDIVISION PART OF THE SOUTHEAST 1/4 OF SECTION 2, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, LYING EAST AND NORTH OF RALLROAD, IN COOK COUNTY, ILLINOIS.

Parcel ID:

25024050200000,25024050260000,250240502\000 0,25024050270000,25024050220000,250240502 80000,25024050230000,25024050290000,25024 050240000,25024050250000,25024050310000.