UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

7c. MAILING ADDRESS

OR

Indicate collateral:

9b. INDIVIDUAL'S SURNAME

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)	8839 - BCM	
CT Lien Solutions P.O. Box 29071	57432871	
Glendale, CA 91209-9071	ILIL	
	FIXTURE	ı
File with Cook, IL	-	



Doc# 1704006156 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/09/2017 03:41 PM PG: 1 OF 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

RESTATE covered collateral

ADDITIONAL NAME(SYINITIAL(S)

	2042029 11/18/2006 CC IL Cock		(or recorded) in the Filer. attach Amende	STATEMENT AMENDMENT ne REAL ESTATE RECORD ment Addendum (Form UCC3Ad)	is to be filed from n S and provide Debtor's	name in item 13
2. 🗵	TERMINATION: Effectiveness of the Financing Sintement identifications and statement	fied above is terminated	with respect to the security int	terest(s) of Secured Party au	thorizing this Term	ination
3. [ASSIGNMENT (full or partial): Provide name of Assigner in item For partial assignment, complete items 7 and 9 and als a indiction			me of Assignor in item 9	y si	99 · 3
4. [CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law	ned a bove with respect	to the security interest(s) of S	Secured Party authorizing thi	s Continuation Stat	tement is
5.	PARTY INFORMATION CHANGE:	Check of a of thrise three	hoves to:	•		
	heck one of these two boxes: is Change affects Debtor or Secured Party of record	CHANG_ r ame and	or address: CompleteA	DD name: Complete item a or 7b, and item 7c	DELETE name: Gi to be deleted in iter	
6. CL	JRRENT RECORD INFORMATION: Complete for Party Information	n Change - provide only	one name (6a or 6b)	-	-	
AMALGAMATED BANK OF CHICAGO, AS TRUSTEE UNDER A TRUST AGREEMENT DATED NOVEMBER 18 KNOWN AS TRUST NO. 5498						AND
OR	8b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide o	nly one name (7a or 7b) (ur a exact	full name; do not omit, modity, or abb	reviate any part of the D	ebtor's name)
	7a. ORGANIZATION'S NAME			9.		
OR	7b. INDIVIDUAL'S SURNAME			4		
	INDIVIDUAL'S FIRST PERSONAL NAME			0,0		
ľ	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)				C.	SUFFIX

9.1	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
ŀ	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

CITY

DELETE collateral

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: AMALGAMATED BANK OF CHICAGO, AS TRUSTEE UNDER A TRUST AGREEMENT DATED
57432871 708054776

FIRST PERSONAL NAME

ASSIGN collateral

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral

1704006156 Page: 2 of 3

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS					
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Ameni 2042029 11/18/2006 CC L Cook	dment form				
12, 1	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ar	mendment form				
:	12a. ORGANIZATION'S NAME		1			
	SUN LIFE ASSURANCE COMPANY OF CANADA	· · · · · · · · · · · · · · · · · · ·				
OR	12b. INDIVIDUAL'S SURNAME		-{			
			ر المعيدان و ا			
	FIRST PERSONAL NAME		┪			
	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX]	* ±		
			THE ABOVE S	PACE IS FOR FILING OFFICE U	SE ONLY	
	Name of DEBTOR on related financing statement (Norme of a current Debtor one Debtor name (13a or 13b) (use exact, full narne; no not omit, modify, or all				m 13): Provide only	
	13a, ORGANIZATION'S NAME AMALGAMATED BANK OF CHICAGO, AS TRUSTEE	UNDER A TRUST	AGREEMENT DA	TED NOVEMBER 27, 1	990 AND	
OR	KNOWN AS TRUST NO. 5498 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	
		1			}	
14.	ADDITIONAL SPACE FOR ITEM 8 (Collateral):				<u> </u>	
	tor Name and Address: ALGAMATED BANK OF CHICAGO, AS TRUSTEE UNDER A T	THE ACREMENT	DATED MOVEMBE	TD 07 4000 AND IZMOVADL	NO TOUGT NO	
	8 - 333 W. WACKER DRIVE, SUITE 2750 , CHICAGO, IL 6060		DATED NOVEMBE	R 21, 1990 AND KNOWN !	AS IRUSI NO.	
C	urad Darki Nama and Address	C		-		
	ured Party Name and Address: I LIFE ASSURANCE COMPANY OF CANADA - ONE SUN LIFI	E EXECUTIVE PARK	, WELLESLEY HIL	LS, MA 02481		
		-				
			7			
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	Continue					
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	τ_{c}					
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				10		
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15	This FINANCING STATEMENT AMENDMENT:	17 Desc	iption of real estate:			
10.			PERTY ADD	DECC.		
	Name and address of a RECORD OWNER of real estate described in item 17			INESS. ISLAND AVE, CHI		
,	if Debtor does not have a record interest):	9 1,00	7 0.50 101141	IOEAND AVE, CAI	CAGO, IL.	
		TAX	DADOEL "			
		r.	PARCEL#			
			4050200000			
			4050260000			
			4050210000			
		2502	4050270000	,		
		See I	xhibit for Real Es	tate]		
	MISCELLANEOUS; 57432871-IL-31 8839 - BCM SUN L	IFE ASSURANCE COMPANY		708054776 L		

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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.

LEGAL DESCRIPTION:

LOTS 1 TO 12 IN BLOCK 1 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 JUNIOIS.

Parcel ID:

25024050200000,25024050260000,2502405021000 0,25024050270000,25024050220000,250240502 80000,25024050230000,25024050290000,25024 050240000,25024050250000,25024050310000.