UNOFFICIAL COPY

UCC FINANCING STATEMENT AMEND	DMENT		
A. NAME & PHONE OF CONTACT AT FILER (optional) WILLIAM SCHMIDT 708-333-0700		*1709544069*	!
B. E-MAIL CONTACT AT FILER (optional)		Doc# 1709544069 Fee \$40	.00
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		RHSP FEE:\$9.00 RPRF FEE: \$1.00	
PROVIDENCE BANK & TRUST		KAREN A.YARBROUGH	
PO BOX 706	'	COOK COUNTY RECORDER OF DEEDS	
SOUTH HOLLAND, IL 60473		DATE: 04/05/2017 04:12 PM PG:	1 OF 1
		THE ABOVE SPACE IS FOR FILING OFFICE USE	ONLY
a. INITIAL FINANCING STATEMENT FILE RUMBER 1222718058 08/14/2012	☐ (or	IS FINANCING STATEMENT AMENDMENT is to be filed [for recorded] in the REAL ESTATE RECORDS	•
. TERMINATION: Effectiveness of the Final Gring Statement idea Statement		er. attact) Amendment Addendum (Form UCC3Ad) and provide Debt to the security interest(s) of Secured Party authorizing this	
ASSIGNMENT (full or partial): Provide name of / ssiç nee in it. For partial assignment, complete items 7 and 9 and all of dicate	em 7a or 7b, <u>and</u> address of Assignee a affected collateral in item 8	in item 7c and name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statemr it is continued for the additional period provided by applicable la	der tified above with respect to the sec	curity interest(s) of Secured Party authorizing this Continuation	on Statement is
. PARTY INFORMATION CHANGE:	0		
Check one of these two boxes:	Check and it these three boxes to: CHANCE name and/or address: Co	ompleteADD name; Complete itemDELETE name;	Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b: tem 7a or 7b and	ditem 7c 7a or 7b, and item 7c to be deleted in i	
CURRENT RECORD INFORMATION: Complete for Party Inform 6a. ORGANIZATION'S NAME	nation Change - p ovide only one name (6a or 6b)	
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
LLINARHS			
LINARES	ALFREDG	IRENE	
			if the Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assignment or I 7a. ORGANIZATION'S NAME			of the Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assignment or I 7a. ORGANIZATION'S NAME			if the Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assignment or I 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S SURNAME			if the Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assignment or I 7a. ORGANIZATION'S NAME			if the Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assignment or I 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME			if the Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assignment or I 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	Party Information Change - provide only <u>one</u> name	[7a or 7] your exact, full name; do not omit, modify, or abbreviate any part o	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or I 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)			
CHANGED OR ADDED INFORMATION: Complete for Assignment or J 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS	Party Information Change - provide only <u>one</u> name	STATE POSTAL COUR	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or I 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:	Party Information Change - provide only <u>one</u> name	STATE POSTAL COUR	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or I 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SyINITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	Party Information Change - provide only <u>one</u> name	STATE POSTAL COUR	SUFFIX COUNTRY ASSIGN collateral
CHANGED OR ADDED INFORMATION: Complete for Assignment or 1 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: OT 1 IN THE SUBDIVISION OF BLOCK 15 ND THE WEST 1/2 OF THE SOUTHEAST 1/2	CITY ADD collateral DELET IN THE SUBDIVISION (44 OF THE NORTHEAST	STATE POSTA_COUE E collateral RESTATE covered collateral PSTHE WEST 1/2 OF THE NORTHEAD 1/4 OF SECTION 29, TOWNSHIP 39 P.	SUFFIX COUNTRY ASSIGN collateral AST 1/4 NORTH,
CHANGED OR ADDED INFORMATION: Complete for Assignment or 1 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: OT 1 IN THE SUBDIVISION OF BLOCK 15 ND THE WEST 1/2 OF THE SOUTHEAST 1/4 ANGE 13, EAST OF THE THIRD PRINCIPA	CITY CITY DELET IN THE SUBDIVISION OF THE NORTHEAST L MERIDIAN, IN COOK	STATE POSTAL COUE E collateral RESTATE covered collateral PF THE WEST 1/2 OF THE NORTHEA 1/4 OF SECTION 29, TOWNSHIP 39 F K COUNTY, ILLINOIS P.I.N.: 16-29-228	SUFFIX COUNTRY ASSIGN collateral AST 1/4 NORTH,
CHANGED OR ADDED INFORMATION: Complete for Assignment or 1 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: OT 1 IN THE SUBDIVISION OF BLOCK 15 IND THE WEST 1/2 OF THE SOUTHEAST 1/2 RANGE 13, EAST OF THE THIRD PRINCIPA	CITY CITY DELET IN THE SUBDIVISION OF THE NORTHEAST L MERIDIAN, IN COOK	STATE POSTAL COUE E collateral RESTATE covered collateral PF THE WEST 1/2 OF THE NORTHEA 1/4 OF SECTION 29, TOWNSHIP 39 F K COUNTY, ILLINOIS P.I.N.: 16-29-228	SUFFIX COUNTRY ASSIGN collateral AST 1/4 NORTH,
CHANGED OR ADDED INFORMATION: Complete for Assignment or 1 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: OT 1 IN THE SUBDIVISION OF BLOCK 15 IND THE WEST 1/2 OF THE SOUTHEAST 1/2 RANGE 13, EAST OF THE THIRD PRINCIPA	CITY CITY DELET IN THE SUBDIVISION OF THE NORTHEAST L MERIDIAN, IN COOK	STATE POSTAL COUE E collateral RESTATE covered collateral PF THE WEST 1/2 OF THE NORTHEA 1/4 OF SECTION 29, TOWNSHIP 39 F K COUNTY, ILLINOIS P.I.N.: 16-29-228	SUFFIX COUNTRY ASSIGN collateral AST 1/4 NORTH,
CHANGED OR ADDED INFORMATION: Complete for Assignment or I 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C MAILING ADDRESS C COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: OT 1 IN THE SUBDIVISION OF BLOCK 15 AND THE WEST 1/2 OF THE SOUTHEAST 1/2 ANGE 13, EAST OF THE THIRD PRINCIPAL/K/A 2500 SOUTH 57TH STREET, CICERO,	CITY ADD collateral DELET IN THE SUBDIVISION (4 OF THE NORTHEAST L MERIDIAN, IN COOK ILLINOIS 60804 EQUIP	STATE POSTAL COLE E collateral RESTATE covered collateral A OF THE WEST 1/2 OF THE NORTHEA 1/4 OF SECTION 29, TOWNSHIP 39 F K COUNTY, ILLINOIS P.I.N.: 16-29-228 MENT; FIXTURES	SUFFIX COUNTRY ASSIGN collateral AST 1/4 NORTH, 8-016-0000
CHANGED OR ADDED INFORMATION: Complete for Assignment or 1 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: OT 1 IN THE SUBDIVISION OF BLOCK 15 AND THE WEST 1/2 OF THE SOUTHEAST 1/2 RANGE 13, EAST OF THE THIRD PRINCIPA ANGE 13, EAST OF THE THIRD PRINCIPA ANGE 13, EAST OF THE THIRD PRINCIPA ANGE 15 ANGE 16 ANGE 17 ANGE 17 ANGE 17 ANGE 18 ANGE 19 ANGE	CITY ADD collateral DELET IN THE SUBDIVISION (4 OF THE NORTHEAST L MERIDIAN, IN COOK ILLINOIS 60804 EQUIP	STATE POSTAL COLE E collateral RESTATE covered collateral A OF THE WEST 1/2 OF THE NORTHEA 1/4 OF SECTION 29, TOWNSHIP 39 F K COUNTY, ILLINOIS P.I.N.: 16-29-228 MENT; FIXTURES	SUFFIX COUNTRY ASSIGN collateral AST 1/4 NORTH, 8-016-0000
CHANGED OR ADDED INFORMATION: Complete for Assignment or 1 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) : MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: OT 1 IN THE SUBDIVISION OF BLOCK 15 AND THE WEST 1/2 OF THE SOUTHEAST 1/2 KANGE 13, EAST OF THE THIRD PRINCIPA I/K/A 2500 SOUTH 57TH STREET, CICERO, NAME OF SECURED PARTY OF RECORD AUTHORIZING II this is an Amendment authorized by a DEBTOR, check here an 1 9a. ORGANIZATION'S NAME	CITY ADD collateral IN THE SUBDIVISION (4 OF THE NORTHEAST L MERIDIAN, IN COOK ILLINOIS 60804 EQUIP	STATE POSTAL COLE E collateral RESTATE covered collateral A OF THE WEST 1/2 OF THE NORTHEA 1/4 OF SECTION 29, TOWNSHIP 39 F K COUNTY, ILLINOIS P.I.N.: 16-29-228 MENT; FIXTURES	SUFFIX COUNTRY ASSIGN collateral AST 1/4 NORTH, 8-016-0000
CHANGED OR ADDED INFORMATION: Complete for Assignment or 1 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: OT 1 IN THE SUBDIVISION OF BLOCK 15 AND THE WEST 1/2 OF THE SOUTHEAST 1/2 RANGE 13, EAST OF THE THIRD PRINCIPA A/K/A 2500 SOUTH 57TH STREET, CICERO, NAME OF SECURED PARTY OF RECORD AUTHORIZING II this is an Amendment authorized by a DEBTOR, check here an 9a. ORGANIZATION'S NAME PROVIDENCE BANK & TRUST	CITY ADD collateral DELET IN THE SUBDIVISION OF THE NORTHEAST L MERIDIAN, IN COOK ILLINOIS 60804 EQUIP THIS AMENDMENT: Provide only one name of authorizing Debtor	STATE POSTALCOUS E collateral RESTATE covered collateral POSTALCOUS THE WEST 1/2 OF THE NORTHEA 1/4 OF SECTION 29, TOWNSHIP 39 S K COUNTY, ILLINOIS P.I.N.: 16-29-228 MENT; FIXTURES One name (9a or 9b) (name of Assignor, if this is an Assignment)	SUFFIX COUNTRY ASSIGN collateral AST 1/4 NORTH, 8-016-0000
CHANGED OR ADDED INFORMATION: Complete for Assignment or To. ORGANIZATION'S NAME R To. INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: OT 1 IN THE SUBDIVISION OF BLOCK 15 AND THE WEST 1/2 OF THE SOUTHEAST 1/2 RANGE 13, EAST OF THE THIRD PRINCIPAL KANGE 14, EAST OF THE T	CITY ADD collateral IN THE SUBDIVISION (4 OF THE NORTHEAST L MERIDIAN, IN COOK ILLINOIS 60804 EQUIP	STATE POSTAL COLE E collateral RESTATE covered collateral A OF THE WEST 1/2 OF THE NORTHEA 1/4 OF SECTION 29, TOWNSHIP 39 F K COUNTY, ILLINOIS P.I.N.: 16-29-228 MENT; FIXTURES	SUFFIX COUNTRY ASSIGN collateral AST 1/4 NORTH, 8-016-0000
CHANGED OR ADDED INFORMATION: Complete for Assignment or 1 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: OT 1 IN THE SUBDIVISION OF BLOCK 15 IND THE WEST 1/2 OF THE SOUTHEAST 1/2 ANGE 13, EAST OF THE THIRD PRINCIPA IXANGE 13, EAST OF THE THIRD PRINCIPA IXANGE 13, EAST OF THE THIRD PRINCIPA IXANGE 15, CICERO, NAME OF SECURED PARTY OF RECORD AUTHORIZING II this is an Amendment authorized by a DEBTOR, check here and 9a. ORGANIZATION'S NAME PROVIDENCE BANK & TRUST	CITY ADD collateral DELET IN THE SUBDIVISION OF THE NORTHEAST L MERIDIAN, IN COOK ILLINOIS 60804 EQUIP THIS AMENDMENT: Provide only one name of authorizing Debtor	STATE POSTALCOUS E collateral RESTATE covered collateral POSTALCOUS THE WEST 1/2 OF THE NORTHEA 1/4 OF SECTION 29, TOWNSHIP 39 S K COUNTY, ILLINOIS P.I.N.: 16-29-228 MENT; FIXTURES One name (9a or 9b) (name of Assignor, if this is an Assignment)	SUFFIX COUNTRY ASSIGN collateral AST 1/4 NORTH, 8-016-0000