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	58588543
Glendale, CA 91209-9071	ILIL
	FIXTURE
Filo wij au Pook #	



Doc# 1712239182 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 05/02/2017 03:34 PM PG: 1 OF 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

	CING STATEMENT FILF, NUMBER
715106080	5/31/2007 CC IL COCK

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

For partial assignment, complete items 7 and 9 and also	indirate affected collaterat in item 8		
CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable		of Secured Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:	01		
Check one of these two boxes:	AND Check on. or these three boxes to:		
This Change affects Debtor or Secured Party of record	CHANGE Lame and/or address: Complete item 6a or 6b; ar u item 7a or 7b and item 7c	ADD name: Complete item DELETE name  7a or 7b, and item 7c to be deleted in	: Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Info	ormation Change - provide calcona name (6a or 6b)		
6a. ORGANIZATION'S NAME	4,		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
CARTER	DONALD		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment	or Party Information Change - provide only one name (7a or 7b) (r se exa	ac full name; do not omit, modify, or abbreviate any part of the	ne Debtor's name)
7a. ORGANIZATION'S NAME		0	
OR 7b. INDIVIDUAL'S SURNAME		7.6	
INDIVIDUAL'S FIRST PERSONAL NAME		0,	_
INDIVIOUAL'S ADDITIONAL NAME(SYINITIAL(S)		176	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY

2. TERMINATION: Effectiveness of the Financing Sixtement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination

9. N	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	AMENDMENT; Provide only one name (9	a or 9b) (name of Assignor, if this is an Assignmen	nt)
lf	this is an Amendment authorized by a DEBTOR, check here and provi	ide name of authorizing Debtor		
	9a, ORGANIZATION'S NAME			
	Bayview Loan Servicing, LLC			
QR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: CARTER, DONALD

58588543

200053779 . . .

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

1712239182 Page: 2 of 3

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

FOLLOW INSTRUCTIONS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amer 0715106080 5/31/2007 CC IL Cook	ndment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A	Amendment form		
12a. ORGANIZATION'S NAME			
Bayview Loan Servicing, LLC			
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX		
700110121011(J) 1111(J)	30,110	THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
13. Name of DEBTOR on related financing statement /', ame of a current Debtor one Debtor name (13a or 13b) (use exact, full name do not omit, modify, or a			tem 13): Provide only
13a. ORGANIZATION'S NAME	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
CARTER	DONALD	ADDITIONAL NAME (GYMTHAL(GY	30171X
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral); Debtor Name and Address:	)/		<u> </u>
CARTER, DONALD - 8329 S. INDIANA AVENUE , CHICAGO, IL CARTER, MARGUERITE - 8329 S. INDIANA AVENUE , CHICAGO			
	5O, IL ( 50 IS)		
Secured Party Name and Address: Bayview Loan Servicing, LLC - 4425 PONCE DE LEON BLVD., 5T	TH FLOOR , CORAL GAB	LES, FL 33146	
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15. This FINANCING STATEMENT AMENDMENT:  ☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed	l ·	on of real estate:	
16. Name and address of a RECORD OWNER of real estate described in item 17	,	TTACHED	າຄວດ
(if Debtor does not have a record interest):	7600 3	S. May Street, Chicago, IL. 60	1020
	Parcel		
	20-29-	408-021, 20-29-408-022	
		•	

1712239182 Page: 3 of 3

## **UNOFFICIAL COPY**

### **EXHIBIT "A"**

### **Legal Description:**

LOTS 1 AND 2 IN BLOCK 9 IN AUBURN ON THE HILL FIRST ADDITION BEING HART'S SUBDIVISION OF BLOCKS 9, 10 AND 22 IN THE SUBDIVISION OF THE SOUTH EAST QUARTER OF SECTION 29, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE WEST 99 FEET THEREOF) IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office