

Doc# 1713813063 Fee \$42.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company \ 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)

RHSP FEE: \$9.00 RPRF FEE: \$1.00 KAREN A.YARBROUGH COOK COUNTY RECORDER OF DEEDS DATE: 05/18/2017 02:43 PM PG: 1 OF 3

ſ	1313 70390				
,	Corporation Service Company	ı			
	801 Adlai Stevenson Drive				
	Springfield, IL 62703	Filed In: Illinois			
ı	\sim	(Cook)			
L	_	`	THE ABOVE SE	PACE IS FOR FILING OFFICE USE	ONLY
_	INITIAL FINANCING STATEMENT FILE NUMBER				
	520818066 07/26/2016		1b. This FINANCING STAT (or recorded) in the RE.	EMENT AMENDMENT is to be filed [for AL ESTATE RECORDS	record
_			Filer: attach Amendment A	Addendum (Form UCC3Ad) <u>and</u> provide Debto	or's name in item 13
2. [1	✓ TERMINATION: Effectiveness of the Firancing Statement identifie Statement ———————————————————————————————————	d above is terminated v	with respect to the security inte	rest(s) of Secured Party authorizing this	Termination
	ASSIGNMENT (full or partial): Provide name of Assignme in item 7 For partial assignment, complete items 7 and 9 and a lso indicate affections.			of Assignor in item 9	
. [CONTINUATION: Effectiveness of the Financing Statement denticontinued for the additional period provided by applicable law	ied above with respec	t to the security interest(s) of S	ecured Party authorizing this Continuation	on Statement is
i. [PARTY INFORMATION CHANGE:	9			
0	Check <u>one</u> of these two boxes: AND Che	eck one of these three b			
	his Change affects Debtor or Secured Party of record	CHANCE name and/or litem 6a c 6b; and item	address: Complete Za or 7b and item 7c. Ta or 7	name: Complete item DELETE name: 7b, and item 7c DELETE name:	Give record name
	CURRENT RECORD INFORMATION: Complete for Party Information			to be delected in a	10111 041 07 05
	6a, ORGANIZATION'S NAME	il citalige profited city	SIN HAMIS (SEE OF SE)		
		C	//		
R	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NA: N/ ar	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	McAfee	Lynn	X X	ASSITION IE TO ME (O) MITTINE (O)	0011100
′. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAME	Information Change - provide	only one name (ra or 7b) (use exact, ful	name; do not omit, modify, or abbreviate any part o	f the Debtor's name)
	74. OKGANIZATION S NAME		し		
DR	TI INDIVIDUALIS CUDINALS				
	7b. INDIVIDUAL'S SURNAME		Cy	h/	
			<u> </u>	41	
	INDIVIDUAL'S FIRST PERSONAL NAME			'S	
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
				Vic.	
Ç.	I MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
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I. L.	COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
CA	ARRIER 발생하orator Coil M# CNPVP3621ALA S	S# 2216X34320	6		
	ARRIER A/C Condenser			•	
	# CA13NA0360NG S# 0516X64006				
/	. 5, 1.5 15555115 511 55 15,15 1555				

	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM f this is an Amendment authorized by a DEBTOR, check here and provide n	MENDMENT: Provide only <u>one</u> name (9a or 9b) (na name of authorizing Debtor	ame of Assignor, if this is an Assignment)
	9a, ORGANIZATION'S NAME MICFOF	****		N
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor: Lynn McAfee

1313 70390

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UNOFFICIAL COPY

	CC FINANCING STATEMENT AMENDI LOW INSTRUCTIONS INITIAL FINANCING STATEMENT FILE NUMBER: Same as ite	em 1a on Amendment form		
_	620818066 07/26/2016	as its an O as A manders at form		
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same a 12a. ORGANIZATION'S NAME	as item 9 on Amendment form		
	Microf			
OR	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INI (** _(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
13.	Name of DEBTOR on related financing statement (Name of a co one Debtor name (13a or 13b) (use exact, full nane; lo not omit, modif	urrent Debtor of record required for indexing pur	poses only in some filing offices - see Instruction item	
	13a, ORGANIZATION'S NAME	ry, or abutaviate any part of the Busion's Hamey	Sad instituctions in rightly does not no	
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AODITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Mantan	Lymn		SUFFIX
		Co		
15	This FINANCING STATEMENT AMENDMENT:	Lyrin College of the	Parl estate: 106-032-0000, 32-21-106-033-00	

Corporation Service Company 2711 Centerville Rd, Ste. 400 Wilmington, DE 19808

18. MISCELLANEOUS: RTO-42649

THE NORTH 5 FEET OF LOT 30 AND ALL OF LOTS 31 AND 32 IN BLOCK 34, IN CHICAGO HEIGHTS SUBDIVISION OF SECTIONS 21, 28 AND 29, TOWNSHIP IS NORTH, RANGE 14, EAST OF THE THIRD.

PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. DOOP OF

(PIN#32-21-106-032, 32-21-106-033) WHICH HAS THE ADDRESS OF 1132 UNION AVE, CHICAGO HEIGHTS, ILLINOIS 60411, C/ort's Orrica