## UNOFFICIAL COPY



## UCC FINANCING STATEMENT AMENDMENT

**FOLLOW INSTRUCTIONS** 

A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-52	294
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
1338 32531	
Corporation Service Company 801 Adlai Stevenson Drive	•
Springfield, IL 62703	Filed In: Illinois
	(Cook)
· O	

Doc# 1719913061 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/18/2017 02:53 PM PG: 1 OF 2

lí	1338 32531				
l '	Corporation Service Company	•		·	
	801 Adlai Stevenson Drive				
	Springfield, IL 62703	Filed In: Illinois			
		(Cook)			
Ľ			THE ABOVE	SPACE IS FOR FILING OFFICE US	ONLY
	INITIAL FINANCING STATEMENT FILE N'JMBER			TATEMENT AMENDMENT is to be filed [for REAL ESTATE RECORDS]	or record)
16	523844064 08/25/2016			ent Addendum (Form UCC3Ad) and provide Del	otor's name in item 13
2.	TERMINATION: Effectiveness of the Financing Statement identifier Statement	d above is terminated	with respect to the security	interest(s) of Secured Party authorizing th	is Termination
3. [	ASSIGNMENT (full or partial): Provide name of As ny ee in item 7 For partial assignment, complete items 7 and 9 and 11so in cate affective.			name of Assignor in item 9	
4.[	CONTINUATION: Effectiveness of the Financing Statemen identional period provided by applicable law	fied above with respec	t to the security interest(s)	of Secured Party authorizing this Continua	tion Statement is
5.	PARTY INFORMATION CHANGE:		<del></del> .		
	Check one of these two boxes:  AND Che	ec. on of these three t			
	his Change affects Debtor or Secured Party of record	CHAN's name and/or item 6a or 6b; and item	address: Complete 7a or 7b and item 7c Al	DD name: Complete itemDELETE name or 7b, <u>and</u> item 7cto be deleted in	: Give record name n item 6a or 6b
6. (	CURRENT RECORD INFORMATION: Complete for Party Information				
	6a, ORGANIZATION'S NAME		)		
OR	6b, INDIVIDUAL'S SURNAME	FIRST PERSO	NEL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Adams	David		M	
7. (	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide	only one name (/a or 7b) fuse exac	ct, full name; do not omit, modify, or abbreviate any par	of the Debtor's name)
	7a. ORGANIZATION'S NAME			•	
OR				3	
UIT	7b. INDIVIDUAL'S SURNAME		C		
	INDIVIDUAL'S FIRST PERSONAL NAME			'()	
					Tonceix
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			U <sub>X</sub>	SUFFIX
7.0	MAILING ADDRESS	ICITY		STATE POSTAL CODE	COUNTRY
/ C.	MAILING ADDRESS	Cit		STATE FOSTACEOE	COUNTRY
			(		<u> </u>
8	COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
	Indicate collateral:				
	NAME OF SECURED PARTY OF RECORD AUTHORIZING TH			r 9b) (name of Assignor, if this is an Assignr	nent)
	f this is an Amendment authorized by a DEBTOR, check here and pro a. ORGANIZATION'S NAMEAdmirals Bank	ovide name of authoriz	ng Debtor	<del></del>	
	Admirais Bank				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1338 32531

10. OPTIONAL FILER REFERENCE DATA: Debtor: Adams, David M - 1002053580

1719913061 Page: 2 of 2

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## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS  11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1	a on Amendment form	1		
1623844064 08/25/2016		1		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as it	tem 9 on Amendment form	1		
12a, ORGANIZATION'S NAME Admirals Bank				
, tormore borns		-		
12b. INDIVIDUAL'S SURNAME		1		
FIRST PERSONAL NA				
ADDITIONAL NAME(S)//NI <sup>T</sup> '.L''.,	SUFFIX	-		
ADDITIONAL NAME (S)/INVINCES/	John	THE ABOVE	SPACE IS FOR FILING OFFICE I	ISE ONLY
13. Name of DEBTOR on related financing statement (Name of a current	ot Debtor of record required for inde		·	
one Debtor name (13a or 13b) (use exact, full nr.ne do not omit, modify, o				10). Tronde on
13a, ORGANIZATION'S NAME		···		
OR OR				
	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	<b>'</b> O'.			
	OUN			
	OF COUNTY OF THE STATE OF THE S	Clen		
			Co	
15. This FINANCING STATEMENT AMENDMENT:	17 Resgrip	ion of feed estate 2-04-204-053-	Co	
15. This FINANCING STATEMENT AMENDMENT:	filed as a fixture filing	ion of real estate 2-04-204-053-	Co	