## **UNOFFICIAL COPY**

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CC FINANCING STATEMENT AMENDME	ENT		x1721439146%	
NAME & PHONE OF CONTACT AT FILER (optional)		- " 4704	*1721-00.000 439146 Fee \$40.00	
Crystal Nielsen 952-837-8750		Doc# 1/21	#93140 ( \$5 4 \max.a.	
E-MAIL CONTACT AT FILER (optional) cnielsen@northmarq.com	:	DHSD FFF:S9.	90 RPRF FEE: \$1.00	
SEND ACKNOWLEDGMENT TO: (Name and Address)		KAREN A.YARB		
<u> </u>				
NorthMarq Capital			RECORDER OF DEEDS	2
3500 American Blvd. West		DATE: 08/02/	2017 03:50 PM PG: 1 OF	Ţ.
Suite 500				·
Bloomington, MN 55431	1			
	_	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
INITIAL FINANCING STATEMENT ILE N'IMBER	11	). This FINANCING STATE	MENT AMENDMENT is to be filed [fo	
723447127		(or recorded) in the REAt	. ESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> provide Deb	
TERMINATION: Effectiveness of the Financial Statement identified statement	above is terminated wit			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and a so it directs affect		Assignee in item 7c <u>and</u> name o	of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement Jent fie continued for the additional period provided by applicable law	ed above with respect to	the security interest(s) of Sec	cured Party authorizing this Continua	tion Statement is
PARTY INFORMATION CHANGE:	<b>1</b>			
Check one of mese two boxes.	k one of these three box		ne: Complete itemDELETE name	e: Give record name
This Change affects Debtor or Secured Party of record its	em 6a (r 6b; and tem 7a	or 7b <u>and</u> item 7c7a or 7b	and item 7c to be deleted in	
CURRENT RECORD INFORMATION: Complete for Party Information C	Change - provide only <u>or</u>	e name (6a or 6b)		
National 95th Street Associates, L.L.C.	0,			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L JANE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
GE. INDIVIDUAL O GOVERNME	PINSTFERSONA	LANCE	ADDITIONAL NAME(S)/MITTAL(S)	SOFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inf	formation Change - provide on	ly one game (7a or 7' v (In a exact full o	ame: do not omit, modify, or abbreviate any nad	t of the Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inf  7a. ORGANIZATION'S NAME	formation Change - provide on	y <u>one</u> name (7a or 7"2) (us exact, full n	ame; do not omit, modify, or abbreviate any part	t of the Debtor's name)
7a. ORGANIZATION'S NAME	I formation Change - provide on	y <u>one</u> name (7a or 7 <sup>-2</sup> ) (US) exact, full n	ame; do not omit, modify, or abbreviate any pari	t of the Debtor's name)
7a. ORGANIZATION'S NAME	I formation Change - provide on	y <u>one</u> name (7a or 7 <sup>-2</sup> , (us) exact, full n	ame; do not omit, modify, or abbreviate any par	t of the Debtor's name)
7a. ORGANIZATION'S NAME	! formation Change - provide onl	y <u>one</u> name (7a or 75) (us ) exact, full n	ame, do not omit, modify, or abbreviate any part	t of the Debtor's name)
7a. ORGANIZATION'S NAME	I formation Change - provide onl	y <u>one</u> name (7a or 7 <sup>-2</sup> , (us) exact, full n	ame; do not omit, modify, or abbreviate any pari	t of the Debtor's name)
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME	I formation Change - provide on	y <u>one</u> name (7a or 75, (us) exact, full n	ame; do not omit, modify, or abbreviate any pari	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME	I formation Change - provide onl	y <u>one</u> name (7a or 75) (us ) exact, full n	ame, do not omit, modify, or abbreviate any part	t of the Debtor's name)
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(Š)/INITIAL(S)		y <u>qne</u> name (7a or 75, (us) exact, full n		SUFFIX
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	formation Change - provide onl	y <u>one</u> name (7a or 75) (us exact, full n	ame; do not omit, modify, or abbreviate any part	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(Š)/INITIAL(S)		7		SUFFIX
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:	CITY	7	STATE POSTA, CODE	SUFFIX
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:	CITY	7	STATE POSTA, CODE	SUFFIX
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:   1.2.	CITY ADD collateral	DELETE collateral	STATE POSTA, CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN collateral
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:  1.*  NAME OF SECURED PARTY OF RECORD AUTHORIZING THE If this is an Amendment authorized by a DEBTOR, check here and provided in the provided i	CITY ADD collateral	DELETE collateral	STATE POSTA, CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN collateral
7a. ORGANIZATION'S NAME  The individual's surname  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:  Indicate collateral:  '*  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIs is an Amendment authorized by a DEBTOR, check here and provide and provide and provide authorized by a DEBTOR, check here and provide and provide authorized by a DEBTOR, check here and provide authorized by a DEBTOR.	CITY  ADD collateral	DELETE collateral	STATE POSTA, CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN collateral
7a. ORGANIZATION'S NAME  The individual's surname  Individual's additional name(s)/initial(s)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:  Indicate collateral:  **  NAME OF SECURED PARTY OF RECORD AUTHORIZING THE fit his is an Amendment authorized by a DEBTOR, check here and provide an Amendment authorized by a DEBTOR, check here and provide an Organization's NAME  Shenandoah Life Insurance Company	CITY  ADD collateral  IS AMENDMENT: Provide name of authorizing	DELETE collateral  Deleteral  ovide only one name (9a or 9b) (10ebtor	STATE POSTA CODE  RESTATE covered collateral  name of Assignor, if this is an Assignment of Assignor, if this is an Assignment of Assignor.	SUFFIX COUNTRY ASSIGN collateral
To. 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:  **  NAME OF SECURED PARTY OF RECORD AUTHORIZING THE If this is an Amendment authorized by a DEBTOR, check here and provide an analysis of the second provide in the second provide in the second provide in the second party of the second provide in the second party of th	CITY  ADD collateral	DELETE collateral  Deleteral  ovide only one name (9a or 9b) (10ebtor	STATE POSTA, CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN collateral

1721439146 Page: 2 of 2

## **UNOFFICIAL COPY**

DLLOW INSTRUCTIONS		1		
. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on $0723447127$	Amendment form			
NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9				
12a. ORGANIZATION'S NAME Shenandoah Life Insurance Company				
R 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL N/ A/E				
ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
3. Name of DEBTOR on related financing states and (Name of a current De			13): Provide only	
13a. ORGANIZATION'S NAME			··· <u>-</u>	
National 95th Street Associates, J.J.C.				
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
. ADDITIONAL SPACE FOR ITEM 8 (Collateral):				
	4			
LOT 2 IN MAJOR'S RESUBDIVISION O	NE DADT CA THE COMME	DOT 1/4 OF COMMON 4 TOWNSUITS		
37 NORTH, RANGE 13, EAST OF THE				
·	4/2"	·		
24-04-421-002 24-04-421-00	4 24 <del>-</del> 04-421-005			
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		Clarks		
		2)		
		Vic.		
		1/0		
		O <sub>FF</sub>		
		C		
5. This FINANCING STATEMENT AMENDMENT:	17. Descript	on of real estate:		
	i i			
3. Name and address of a RECORD OWNER of real estate described in item 17	as a fixture filmo i Physica	l Address:		
(if Debtor does not have a record interest):	, -	l Address: est 95th St.		
Intional O5th Street Associates I I C	5020 W	l Address: est 95th St. wn, IL 60453		
	5020 W	est 95th St.		
55 N. Michigan Ave.	5020 W	est 95th St.		
55 N. Michigan Ave. uite 565	5020 W	est 95th St.		
National 95th Street Associates, L.L.C. 55 N. Michigan Ave. Suite 565 Chicago, IL 60601	5020 W	est 95th St.		
55 N. Michigan Ave. uite 565	5020 W	est 95th St.		
55 N. Michigan Ave. uite 565	5020 W	est 95th St.		
55 N. Michigan Ave. uite 565	5020 W	est 95th St.		

550591 IL - Cook County

18. MISCELLANEOUS: