## **UNOFFICIAL COPY**

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C FINANCING STATEMENT AMEND	DMENT	*1728517061* Doc# 1728517061 Fee \$4	10.00
NAME & PHONE OF CONTACT AT FILER (optional)  Lance (800) 346-9152		RHSP FEE:\$9.00 RPRF FEE: \$1.6	00
E-MAIL CONTACT AT FILER (optional)		KAREN A.YARBROUGH COOK COUNTY RECORDER OF DEEDS	5
SEND ACKNOWLEDGMENT TO: (Name and Address)		DATE: 10/12/2017 03:14 PM P	
Nationwide Title Clearing 2100 Alt 19 North		·	
Palm Harbor, FL 34683 1120955179~001 CMC AV IL Cook			
90-			
INITIAL FINANCING STATEMENT FILE NUMBER.	1b. This FINANCING S	SPACE IS FOR FILING OFFICE USE ( TATEMENT AMENDMENT is to be filed (for REAL ESTATE RECORDS ent Addendum (Form UCC3Ad) end provide Debto	record]
TERMINATION: Effectiveness of the Financing Statement idea			
Statement  ASSIGNMENT (full or pential): Provide name of Assignee in it	m 7s or 7h sand address of Assignee in Item 7c and n	ame of Assignor in Item 9.	
For partial assignment, complete items 7 and 9 and also indica	e affected collateral in item B		
<u> </u>		restriction of the first and the first and the first	
CONTINUATION: Effectiveness of the Financing Statement in	identified above with respect to the security interest(s)	of Secured Party authorizing this Continuation	n Statement is
continued for the additional period provided by applicable law	ident, and shove with respect to the security interest(s)	of Secured Party authorizing this Continuation	n Statement is
continued for the additional period provided by applicable law  PARTY INFORMATION CHANGE:	Check one of these three loxes to:		
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10. OPTIONAL FILER REFERENCE DATA: NTCID: 398053959 MIN: 100011511209551796 MERS Phone 888-679-6377 State: IL County: Cook Debtor: ROBERT LAPIN

FIRST PERSONAL NAME

SUFFIX

ADDITIONAL NAME(SVINITIAL(S)

If this is an Amendment authorized by a DEBTOR, check here \_\_\_ and provide name of authorizing Debtor

98 ORGANIZATION'S NAME CITIMORTGAGE, INC.

OR 9b, INDIVIDUAL'S SURNAME

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