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@wolt	erskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	15795 - BAYVIEW	_
Lien Solutions P.O. Box 29071	61034635	
Glendale, CA 91209-9071	ILIL	
	FIXTURE	
File youn: Cook, IL		



Doc# 1729339110 Fee ≇42.00

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

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

P.O. Bo	olutions ox 29071 lle, CA 91209-9071	61034 ILIL FIXTU	,		or Edit of the Po.	
	File yata: Cook, IL	11/(10	```	THE ABOVE SPA	ACE IS FOR FILING OFFICE US	SE ONLY
	NCING STATEMENT FILE NUMBER 5 12/4/2007 CC IL COJK	······································		b. This FINANCING STATE	MENT AMENDMENT is to be filed (fo	or record)
TERMINA Statement	TION: Effectiveness of the Fin ்றவும் State t	ment identified above is	terminated with			
	IENT (full or partial): Provide name of ^sig I assignment, complete items 7 and 9 <u>and</u>			signee in item 7c and name of A	Assignor in item 9	
	IATION: Effectiveness of the Financing Stat for the additional period provided by applic		with respect to the	e security interest(s) of Secure	Party authorizing this Continuation S	Statement is
PARTY IN	FORMATION CHANGE:	0.				
theck <u>one</u> of t	hese two boxes:	AND Check or a c	of hese three boxe Le name and/or ac		ne: Complete item DELETE name:	Give record name
This Change at	ffects Debtor or Secured Party of rec				and item 7c to be deleted in	
	CORD INFORMATION: Complete for Party	y Information Change - p	provide only or e	name (6a or 6b)		
tia. ORGANIZ	ZATION'S NAME					
EP INDIVIDE	IAL'S SURNAME		FIRST PERSONA		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
HUPKE			PHILIP	LIPANE	ADDITIONAL NAME(SYMTIAL(S)	SUFFIX
	R ADDED INFORMATION: Complete for Assign	D - 1.6	[
7a. ORGANIZ	ZATION'S NAME	,	· · · · ·	C/		
7b. (NDIVIDE	JAL'S SURNAME				7,	
	IAL'S FIRST PERSONAL NAME				\(\sigma\)	
UCIVIDNI	IAL'S FIRST PERSONAL NAME				-O _{5c}	SUFFIX
INDIVIDU	IAL'S ADDITIONAL NAME(SYINITIAL(S)		Icury		I STATE I DOSTALO DE	
INDIVIDU	IAL'S ADDITIONAL NAME(SYINITIAL(S)		CITY		STATE POSTAL CUDE	SUFFIX
INDIVIDU INDIVIDU	IAL'S ADDITIONAL NAME(S)INITIAL(S) RESS ERAL CHANGE: <u>Also</u> check <u>one</u> of thes	se four boxes: ADD	CITY collateral	DÉLETE collateral		
INDIVIOU INDIVIOU MAILING ADDA	IAL'S ADDITIONAL NAME(S)INITIAL(S) RESS ERAL CHANGE: <u>Also</u> check <u>one</u> of thes	se four boxes: ADD		DELETE collateral		COUNTRY
INDIVIDU INDIVIDU MAILING ADDI COLLATI Indicate co	IAL'S ADDITIONAL NAME(SYINITIAL(S) RESS ERAL CHANGE: <u>Also</u> check <u>one</u> of thes		collateral [RESTATE covered collateral	COUNTRY ASSIGN collateral
INDIVIDU INDIVIDU INDIVIDU COLLATI Indicate of	IAL'S ADDITIONAL NAME(S)INITIAL(S) RESS ERAL CHANGE: <u>Also</u> check <u>one</u> of thes	HORIZING THIS AME	collateral [vide only <u>one</u> name (9a or 9b) (i	RESTATE covered collateral	COUNTRY ASSIGN collateral
INDIVIDU INDIVIDU WAILING ADDA COLLATI Indicate of AME OF SE this is an Am 9a. ORGANIZ	ECURED PARTY OF RECORD AUTOMOTIONS NAME	HORIZING THIS AME	collateral [vide only <u>one</u> name (9a or 9b) (i	RESTATE covered collateral	COUNTRY ASSIGN collateral
INDIVIDU	ECURED PARTY OF RECORD AUTHORITION'S NAME V Loan Servicing, LLC	HORIZING THIS AME	collateral [vide only <u>one</u> name (9a or 9b) (i g Debtor	RESTATE covered collateral	COUNTRY ASSIGN collateral ent)
INDIVIDU INDIVIDU INDIVIDU MAILING ADDI COLLATI Indicate of Indicate of Fithis is an Am 9a. ORGANIZ Bayviev	ECURED PARTY OF RECORD AUTOMOTIONS NAME	HORIZING THIS AME	collateral [vide only <u>one</u> name (9a or 9b) (ı g Debtor	RESTATE covered collateral	COUNTRY ASSIGN collateral

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: HUPKE, PHILIP

65437

61034635

1729339110 Page: 2 of 3

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	C FINANCING STATEMENT AMENDMENT. LOW INSTRUCTIONS	ADDENI	DUM			
11, [NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amer 33839155 12/4/2007 CC IL Cook	ndment form				
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on A	mendment for	n			
	12a. ORGANIZATION'S NAME					
	Bayview Loan Servicing, LLC					
OR	12b. INDIVIDUAL'S SURNAME					
	125. HOLVIDONE 3 SOCIANIE					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(SYINITIAL(S		SUFFIX			
	70			THE ABOVE S	PACE IS FOR FILING OFFICE U	SE ONLY
	Name of DEBTOR on related financing statement. Name of a current Debtor one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or a					m 13): Provide only
	13a, ORGANIZATION'S NAME					
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME		ADDITIONAL NAME(SVINITIAL(S)	SUFFIX
	HUPKE	PHILIP			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Bay	rured Party Name and Address: view Loan Servicing, LLC - 4425 PONCE DE LEON BLVD., 5T	H FLOCP	_	SLES, FL 33146		
13.		as a fixture filir	i '	TTACHED		
	Name and address of a RECORD OWNER of real estate described in item 17 if Debtor does not have a record interest):			TIACHED		
				u.D.		
			Parcel			
			30-08-	-323-038	•	
18.	MISCELLANEOUS: 61034635-IL-31 15795 - BAYVIEW SERVICING Bayvi	iew Loan Servicin	L g, LLC	File with: Cook, IL	65437 200060385	<u> </u>

1729339110 Page: 3 of 3

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LEGAL DESCRIPTION:

V

LOT 23, BLOCK 5, IN BURNHAM'S WEST HAMMOND SUBDIVISION OF THE SOUTHWEST QUARTER (SW 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) AND THE SOUTH HALF (S 1/2) OF THE SOUTHEAST QUARTER SE 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 8, TOWNSHIP 36 NORTH, RANGE 15 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FOR INFORMATION ONLY: 30-08-323-038 538 PULASKI ROAD, CALUMET CITY IL 60409 TY A JERBY.

COOK COUNTY CLERK'S OFFICE THE PROPERTY ADDRESS AND ZIP CODE ARE PROVIDED FOR CONVENIENCE ONLY AND IS NOT INSURED HEREBY.