UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

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@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	18393 - BANK OF			
Lien Solutions P.O. Box 29071	61019572			
Glendale, CA 91209-9071	ILIL			
	FIXTURE			
File vith Cook County Rec	order, IL			

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 10/23/2017 02:13 PM PG: 1 OF 3

	KTURE i			
File vith: Cook County Recorder, IL		THE ABOVE SE	PACE IS FOR FILING OFFICE US	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STA	TEMENT AMENDMENT is to be filed [filed [filed]]	
. 30004264 1/2/2003 CC IL Cock County Recorder		Filer: attach Amendment	Addendum (Form UCC3Ad) and provide Debt	or's name in item 13
TERMINATION: Effectiveness of the Financing Statement identified a Statement	above is terminated with	n respect to the security interes	t(s) of Secured Party authorizing this To	ermination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and als / inc cate affective.			f Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identifus continued for the additional period provided by applicable law	bove with respect to	the security interest(s) of Secu	ed Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:	0	4-1		
Check one of these (wo boxes.	eck or a of hese three bo CHANGE come and/or a	address: Complete ADD r		Give record name
This Change affects Debtor or Secured Party of record	item 6a or b; and item		7b, <u>and</u> item 7c to be deleted in	item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Ch 6a. ORGANIZATION'S NAME	nange - provide only or a	e name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	ALRANG	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
RICHARDSON	MARY	1/4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	nation Change - provide only	one name (Fu or 7b) (use and, full na	me; do not omit, modify, or abbreviate any part of the	ne Debtor's name)
7a. ORGANIZATION'S NAME		C		
OR 75. INDIVIDUAL'S SURNAME			h/	
			4,	
			70	
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)			 	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)				
	CITY		STATE POSTAL CUDE	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	CITY ADD collateral	DELETE collateral	STATE POSTAL CUDE	
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:		DELETÉ collateral		COUNTRY
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral		COUNTRY
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:		DELETE collateral		COUNTRY
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7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:		DELETÉ collateral		COUNTRY
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: See attached Exhibit	ADD collateral		RESTATE covered collateral	ASSIGN collateral ASSIGN Collateral ASSIGN Collateral
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: See attached Exhibit 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH If this is an Amendment authorized by a DEBTOR, check here and p	ADD collateral	rovide only <u>one</u> name (9a or 9b)	RESTATE covered collateral	ASSIGN collateral ASSIGN Collateral ASSIGN Collateral
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: See attached Exhibit 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	ADD collateral IS AMENDMENT: Provide name of authorizing	rovide only <u>one</u> name (9a or 9b) ing Debtor	RESTATE covered collateral	ASSIGN collateral ASSIGN Collateral ASSIGN Collateral
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: See attached Exhibit 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH If this is an Amendment authorized by a DEBTOR, check here and p	ADD collateral IS AMENDMENT: Provide name of authorizing	rovide only <u>one</u> name (9a or 9b) ing Debtor L REAL ESTATE DEP	RESTATE covered collateral	ASSIGN collateral ASSIGN Collateral ASSIGN Collateral
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: See attached Exhibit 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH If this is an Amendment authorized by a DEBTOR, check here and possible of the party of the p	ADD collateral IS AMENDMENT: Provide name of authorizing the statement of	rovide only <u>one</u> name (9a or 9b) ing Debtor L REAL ESTATE DEP	RESTATE covered collateral (name of Assignor, if this is an Assignor)	ASSIGN collateral ASSIGN Collateral ASSIGN Collateral

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

1729615131 Page: 2 of 3

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FOLLOW INSTRUCTIONS	ADDENDUM			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend 30004264 1/2/2003 CC IL Cook County Recorder	tment form			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Am	nendment form			
12a. ORGANIZATION'S NAME LASALLE BANK NATIONAL ASSOCIATION ATTN: COMMERCIAL REAL				
ESTATE DEPT.				
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(SYINITIAL(S)		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
13. Name of DEBTOR on related financing statement cleme of a current Debtor of one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or ab	record required for indexing purposes breviate any part of the Debtor's nam	s only in some filing offices - see Instruction item e); see Instructions if name does not fit	13): Provide only	
13a. ORGANIZATION'S NAME				
OR 13b, INDIVIDUAL'S SURNAME RICHARDSON	FIRST PERSONAL NAME MARY	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	
RICHARDSON, MARY - 8048 S. LANGLEY AVENUE , CHICAGO, RICHARDSON, REDIC - 8048 S. LANGLEY , CHICAGO, IL 60619 Secured Party Name and Address: LASALLE BANK NATIONAL ASSOCIATION ATTN: COMMERCIAL	C	S. LASALLE STREET , CHICAGO, IL 6	0603	
15. This FINANCING STATEMENT AMENDMENT:	17. Description of re-			

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0730210002 Page: 2 of 2

QQ21383263 Page 7 of 2

EXHIBIT B

LEGAL DESCRIPTION:

LOTS AND SOZ IN WEDELL AND COX'S ADDITION TO BNGLEWOOD, SAID ADDITIO IBBING A SUBDIVISION OF THE BAST HALF OF THE SOUTHWEST QUARTER OF SECTION 20, TOWNSHIP IS NORTH, RANGE 14, BAST OF THE THIRD PRINCIPAL MERIDIAL (,) I COOK COUNTY, ILLINOIS

-7-

COMMONLY KINDYN AS; PLN.;

1: 7000 S. RACINE, CHICAGO, ILLINOIS 20-20-331-024, VOL. 430

Order: 149328 Doc: 012H01AU.nf

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