

NAME & PHONE OF CONTACT AT FILER (optional)  Nick Barzellone 405-236-0003  E-MAIL CONTACT AT FILER (optional)  SEND ACKNOWLEDGMENT TO: (Name and Address)  MCCoy & Orta, P.C.  100 North Broadway, 26th Floor  Oklahoma City, OK 73102  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE NUMBER  29339112 filed 10/20/77  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination  ASSIGNMENT Dor partial): Provide frame of Assignee in item 7 or 7b, and address of Assignee in item 7 c and name of Assigner in item 9  CONTINUATION: Effectiveness of the Financing Statement wountified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement Continued for the additional period provided by applicable la /  PARTY INFORMATION CHANGE:  AND Cherk on of of these two boxes:  AND Cherk on of of these three boxes to:		
CONTROL ON ACTION OF CONTACT AT FILER (optional)  NAME & PHONE OF CONTACT AT FILER (optional)  NAME & PHONE OF CONTACT AT FILER (optional)  NICK Barzellone 405-236-0003  RESP FEE: 91.00 RPBF FEE: 91.00  RESP FEE: 91.		
NICK BAZZ-BIONO 405-236-0003  EMAIL CONTACT AT FILER (optional)  SEND ACKNOWLEDGMENT TO: (Name and Address)  MCCOy & Orla, P.C.  100 North Broadway, 26th Floor Oklahoma City, OK 73102  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT JUL NUMBER  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT AMERICANT in the filter record of the property of the property of the filter record of the property of the property of the filter record of the property of the property of the filter record of the property of the filter record of the property of the property of the filter record of the property of the property of the filter record of the property of the property of the property of the filter record of the property o	CC FINANCING STATEMENT AMENDMENT	*1902915139*
EMAIL CONTACT AT FILER (optional)  SEND ACKNOWLEDGMENT TO: (Name and Address)  COOK COUNTY, SECORDER, OF BEEDS  THAT IS 07/29/2018 03:36 PM PG: 1 OF 3  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INTIAL FINANCING STATEMENT AMERICANIES (IN FIGURE STATE SECORDER)  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing for receivable for receivable in the Security interest(s) of Secured Party authorizing for receivable for the additional period provided by applicable in terminated with respect to the security interest(s) of Secured Party authorizing this Termination  CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Termination  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement identified this additional period provided by applicable is  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement identified this additional period provided by applicable is  CONTINUED TO CONTIN	NAME & PHONE OF CONTACT AT FILER (optional) Nick Barzellone 405-236-0003	Doc# 1802915139 Fee \$42.00
SEND ACKNOWLEGGMENT TO: (Name and Address)  MCCOy & Orta, P.C.  100 North Broadway, 26th Floor Oklahoma City, OK 73102  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1812 The ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1812 TH		RHSP FEE:\$9.00 RPRF FEE: \$1.00
McCoy & Orta, P.C.  100 North Broadway, 26th Floor Oklahoma City OK 73102  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INTIAL F NANCING STATEMENT THE SUMMORE 29339112 filed 10/20/17  TERMINATION: Effectiveness of low \$1 statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Torm nation Statement Complete from 7 and \$2 and	SEND ACKNOWLEDGMENT TO: (Name and Address)	<del></del>
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ASSIGNMENT (Der partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 for partial assignment, complete items 7 and 9 gg/ also indicate affected collateral in item 8  CONTINUATION: Effectiveness of the Financing Statement woundfied above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement confinued for the additional period provided by applicable to 7  PARTY INFORMATION CHANGE:  PARTY INFORMATION: Complete for Party Information Change - puriod on 100 and 100 miles 100 m	TERMINATION: Effectiveness of the Financing Statement identified above is terminate	
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Se. ORGANIZATIONS NAME  Sh. INDIVIDUAL'S SURNAME  Sh. INDIVIDUAL'S SURNAME  Sh. INDIVIDUAL'S SURNAME  HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only gog fam. (Fair or Ta) (use eract, full name, do not omit, modify, or abbreviate any part of the Debtor's name, do not omit, modify, or abbreviate any part of the Debtor's name.  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  SORGANIZATION'S NAME  FEDERAL HOME LOAN MORTGAGE CORPORATION  FIRST PERSONAL NAME (SUITIES, INC., 121 (121 (121 (121 (121 (121 (121 (121	is Change affects Debtor or Secured Party of record litem Ja or 6b; and ite	em 7a or 7b <u>and</u> item 7c 7a or 7b, <u>and</u> item 7c to be deleted in item 6a or 6b
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U.S. BANK NATIONAL ASSOCIATION, AS TRUSTEE*  76. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  ANALUMG ADDRESS  © Federal Street, 3rd FI., Mail Code EX-MA-FED  Boston  CITY  Boston  CITY  Boston  CITY  BOSTAL CODE  COUNTRY  USA  COLLATERAL CHANGE: Also check gag of these four boxes. ADD collateral  COLLATERAL CHANGE: Also check gag of these four boxes. ADD collateral  Indicate collateral:  DR THE REGISTERED HOLDERS OF WELLS FARGO COMMERCIAL MORTGAGE SECURITIES, INC.,  LTIFAMILY MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2017-SB44  S  AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gag name (9a or 9b) (name of Assignor, if this is an Assignment)  SC  Be ORGANIZATION'S NAME  FEDERAL HOME LOAN MORTGAGE CORPORATION	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - prov	ade only one nam (Ta or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)
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FEDERAL HOME LOAN MORTGAGE CORPORATION	this is an Amendment authorized by a DEBTOR, check here and provide name of author	
		<u> </u>
1 1871		ONAL NAME ADDITIONAL NAME(S)/INITIAL(S)

1802915139 Page: 2 of 3

## **UNOFFICIAL COPY**

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on a	Amendment form		
1729339112 filed 10/20/17  12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form  12e. ORGANIZATION'S NAME FEDERAL HOME LOAN MORTGAGE CORPORATION			
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONA I VAN E			
ADDITIONAL NAME(S)/I. IITI/ L(S)	SUFFIX		
70		THE ABOVE SPACE IS FOR FILING OFFICE U	ISE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Deb	tor of record required for indexing	purposes only in some filing offices - see Instruction item	
gne Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbr 13a. ORGANIZATION'S NAME	eviate any part of the Debtor's na	me); see Instructions if name does not fit	
PIONEER 5125 KENWOOD LLC			
DR 13b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	40		
		Clart's Oppica	
5. This FINANCING STATEMENT AMENDMENT:  Covers timber to be cut covers as-extracted collateral is filed a	17. Description		
6. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest);		the property more specifically describ ", attached hereto and made a part h	
(ii Debitor does not have a record interest).		·	
	Property / Chicago,	Address: 5125 South Kenwood Aven IL 60615	ue,
	1		
	Parcel ID:	20-11-402-007-0000	
	Parcel ID:	: 20-11-402-007-0000	

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## **EXHIBIT A**LEGAL DESCRIPTION

LOT 15 AND THE SOUTH 4 FEET OF LOT 16 IN BLOCK 12 IN CORNELL, HIBBARD AND GOODMAN'S SUBDIVISION OF BLOCKS 11 AND 12 IN KIMBARK'S ADDITION TO HYDE PARK IN THE WEST HALF OF THE SOUTHEAST QUARTER OF SECTION 11, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax Percel Number: 20-11-402-007-0000

5125 Strongood Ave, CHICAGO IL GOODS

Loan No.: 932898491 M&O File No.: 7449.034

Loan Name: 5125 South Kenwood

Pool: SB-44