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#### **UCC FINANCING STATEMENT AMENDMENT**

**FOLLOW INSTRUCTIONS** 

		■ NHKEN H.THKBKUUGH
A. NAME & PHONE OF CONTACT AT FILER (option Phone: (800) 331-3282 Fax: (818) 662-414		COOK COUNTY RECORDER OF DEEDS
B. E-MAIL CONTACT AT FILER (optional)  CLS-CTLS_Glendale_Customer_Service(	Dwolterskluwer.com	DATE: 04/12/2018 12:12 PM PG:
C. SEND ACKNOWLEDGMENT TO: (Name and Add	dress) 20139 - HINSDALE BANK	
Lien Solutions P.O. Box 29071	63533846	
Glendale, CA 91209-9071	ILIL	1
	FIXTURE	
File with: Cook, IL		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE PUMBER		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]

Doc# 1810262007	Fee	\$42.	00
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RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

DATE: 04/12/2018 12:12 PM PG: 1 OF 3

0825522090 9/11/2008 CC (2 Crok	Filer: attach Amen	Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13				
2. TERMINATION: Effectiveness of the Financing Statement ide Statement	ntified above is terminated with respect to the security in	nterest(s) of Secured Party authorizing this T	ermination			
ASSIGNMENT (full or partial): Provide name of Assignee in its For partial assignment, complete items 7 and 9 <u>and</u> als 5 inc its		ame of Assignor in item 9				
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law</li> </ol>	lented . bave with respect to the security interest(s) of	Secured Party authorizing this Continuation	Statement is			
5. PARTY INFORMATION CHANGE:						
Check one of these two boxes:	ND Check of e of the e three boxes to:  CHANG': and and/or address: Complete	ADD name: Complete item DELETE name	: Give record name			
This Change affects Debtor or Secured Party of record		7a or 7b, and item 7c to be deleted in				
6. CURRENT RECORD INFORMATION: Complete for Party Information	ation Change - provide only one name (6a or 6b)					
6a, ORGANIZATION'S NAME	0(,					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA'/IE	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX			
RUIZOL	RUBEN	C				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa	inty Information Change + provide only one name (7a or 7b) (us and	, full name; do not omit, modify, or abbreviate any part of t	he Debtor's name)			
7a. ORGANIZATION'S NAME						
OR 75. INDIVIDUAL'S SURNAME		Service Service				
		4				
INDIVIDUAL'S FIRST PERSONAL NAME	the state of the s					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX			
7c. MAILING ADDRESS	СІТУ	STATE POSTAL ( ODE	COUNTRY			
8. COLLATERAL CHANGE: Also check one of these four bo	oxes: ADD collateral DELETE collateral	RESTATE covered collateral	ASSIGN collateral			
Indicate collateral:			2			
			<b>U</b> _			
			P			

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

14468- PD

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

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: RUIZOL, RUBEN C

RUIZOL

9a. ORGANIZATION'S NAME

95. INDIVIDUAL'S SURNAME

63533846

SUBURBAN BANK & TRUST

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UCC FINANCING STATEMENT A FOLLOW INSTRUCTIONS	MENDMENT A	ADDENDU	JM			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Sai 0825522090 9/11/2008 CC IL Cook	me as item 1a on Amend	dment form				
12. NAME OF PARTY AUTHORIZING THIS AMENDMEN	Г: Same as item 9 on Ал	nendment form				
12a, ORGANIZATION'S NAME	1. Gaine as Rom Commun					
SUBURBAN BANK & TRUST	···					
OR 12b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME		•				
ADDITIONAL NAME(S)INITIAL(S)		S	JFFIX	THE ABOVE SI	PACE IS FOR FILING OFFICE US	E ONLY
13. Name of DEBTOR on related financing statemers (1.15) one Debtor name (13a or 13b) (use exact, full nar.e;	me of a current Debtor of lo not omit, modify, or ab	f record required obreviate any pa	for indexing t of the Debi	purposes only in some tor's name); see Instru	e filing offices - see Instruction iten ctions if name does not fit	n 13): Provide only
13a, ORGANIZATION'S NAME	Ox					
OR 13b, INDIVIDUAL'S SURNAME RUIZOL	C	FIRST PERSON RUBEN	AL NAME		ADDITIONAL NAME(SYMITIAL(S)	SUFFIX
SUBURBAN BANK & TRUST - 150 BUTTERFIE  15. This FINANCING STATEMENT AMENDMENT:				tion of real estate:		
covers timber to be cut covers as-extracted	collateral X is filed a	as a fixture filing	l '		Subdivision of par	t of Lot 1
16. Name and address of a RECORD OWNER of real esta (if Debtor does not have a record interest):	16. Name and address of a RECORD OWNER of real estate described in item 17		Lots 2, 3, and 4 in Subdivision of part of Lot 1 in Deruiter's Subdivision described as:			
			East 1 thence 15 cha degree	1/2 of the So e North 40 cl ains and 17 es East, 3.8	ne Southwest corne uthwest 1/4 of Sec hains to a post; the Links; thence Sout 5 chains; thence W uth 05 degrees We	tion 9; ence East h 38-1/2 /est, 7.75
			[ See Ex	hibit for Real Est	tate j	

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

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File with: Cook, IL

RUIZOL 14468- PD

18. MISCELLANEOUS: 63533846-IL-31 20139 - HINSDALE BANK & TRUS

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Debtor: RUIZOL, RUBEN, C

### **Exhibit for Real Estate**

### 17. Description of real estate:

Continued

chains; thence West 6.58 chains to the point of beginning, lying East of a line drawn 508.0 feet West of and parallel to the North and South centerline of said Section 9, Township 36 North, Range 14, East of the Third Principal Meridian; also

That part of the Southwest 1/2 of said Section 9, lying East of the Easterly line of said Lot 1 and West of the Westerly bank of Little Calumet River and North of the South Line of said Let | produced East, in Cook County, Illinois.

Real Property located at 500 EAST SIBLEY BOULEVARD, HARVEY, IL 60426. Real Property tax identification numbers are 29-09-306-001, 29-09-306-002 & 29-09-306-003.

Parcel ID:

29-09-306-001, 29-09-306-002 & 29-09-306-003