U NOFFI	CIAL	COP	
		1	81917004077×

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141

Doc# 1817004037 Fee ≤	P44.	600
 -		

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 06/19/2018 12:59 PM PG: 1 OF 3

<u> </u>						
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS Glendale Customer Service@wolt	erskluwer com		1) N====		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Einancial	1			
Lien Solutions		$\overline{}$				
P.O. Box 29071	64554	486				
Glendale, CA 91209-9071	ILIL					
	FIXTU	RE I				
 File w∖n: ∵cook, IL			THE ABOVE	SPACE IS FO	R FILING OFFICE I	USE ONLY
1a. INITIAL FINANCING STATEMENT FILT. NUMBER		İ	1b. This FINANCING	STATEMENT AM	ENDMENT is to be filed	[for record]
1318410024 7/3/2013 CC IL Coo'				nent Addendum (Fon	m UCC3Ad) <u>and</u> provide De	
2. TERMINATION: Effectiveness of the Financing Sustement	t identified above is	terminated with	respect to the security into	erest(s) of Secure	d Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assign e For partial assignment, complete items 7 and 9 and also				ne of Assignor in i	tem 9	
CONTINUATION: Effectiveness of the Financing Stateme				ecured Party auth	erizing this Continuation	n Statement is
continued for the additional period provided by applicable	law	with respect to t	no specific uncression of o		ionzing this continuation	i olatement is
5. PARTY INFORMATION CHANGE:	AND Charles	et' and three boy	an In		 -	
Check one of these two boxes:	AND Check on CHANC	E name and/or a	ddress: CompleteAl	DD name: Comple		ne: Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Info				or 7b, <u>and</u> item 7	to be deleted	in item 6a or 6b
6a. ORGANIZATION'S NAME	imason onlinge	C	Viante (ou or oe)			
OR COLUMN OUR DAVIS			<u>45</u>			
66. INDIVIDUAL'S SURNAME Bafia		FIRST PERSONA Mieczysta		ADDITION	NAL NAME(SYMITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment	or Borby Information Cha	<u> </u>		.**		4 The Colored cours
7a ORGANIZATION'S NAME	or raty montason cas	inge - provide only <u>c</u>	rig haine (78 to 70) 1 Se exas . If	ar name, co roc orne, n	icony, or accreviate any part of	ue Deblor's hame)
OR THE PROPERTY OF SUPPLIANT			10	2		
7b. INDIVIDUAL'S SURNAME				1/		
INDIVIDUAL'S FIRST PERSONAL NAME				 O		
				() <u>,</u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					175	SUFFIX
7c, MAILING ADDRESS		CITY		STATE	POSTAL CCOP	COUNTRY
		0.,,		Jane 1	700172000	COUNTRY
8. COLLATERAL CHANGE: Also check one of these fou	ır boxes; ADD	collateral	DELETE collateral	RESTATE	covered collateral	ASSIGN collateral
Indicate collateral:						
Property located at 8701-8703 S. 81st Ave., Hickory	Hills, IL 60457.					o V
						S
r						P3
						C
						3-14
9. NAME OF SECURED PARTY OF RECORD AUTHOR	IZING THIS AME	NDMENT: Pro	ovide only <u>one</u> name (9a or	9b) (name of Ass	ignor, if this is an Assign	menV
If this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME	and provide na	ame of authorizin	g Debtor			\sim
I I						
BANKFINANCIAL, F.S.B.						SC
		FIRST PERSONA	T NAME	ADDITION	IAL NAME(SYNITIAL(S)	SC /
OR L		I con e con e				SC V

64554486 301 / 646 / 1902057192

CS 646 1902057192



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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend	dment form		
1318410024 7/3/2013 CC IL Cook			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on An 12a. ORGANIZATION'S NAME	nendment form		
BANKFINANCIAL, F.S.B.			
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
FIN31 FENSORIAL NAME			
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX		
		THE ABOVE SPACE IS FOR FILING OFFICE US	
13. Name of DEBTOR on related financing statem and Phome of a current Debtor of one Debtor name (13a or 13b) (use exact, full name do not omit, modify, or ab			13): Provide only
13a. ORGANIZATION'S NAME			
OR 424 NUMBERULA IS SUPPLIANT			
OR 13b. INDIVIDUAL'S SURNAME Bafia	FIRST PERSONAL NAME Mieczyslaw	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):			
Secured Party Name and Address: BANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROAD, E	BURR RIDGE IL 50527	Clarks	
15. This FINANCING STATEMENT AMENDMENT:	17. Description o	real estate:	

18. MISCELLANEOUS: 64554486-IL-31 15715 - Bank Financial - Mai

BANKFINANCIAL, F.S.B.

File with: Cook, IL

[See Exhibit for Real Estate]

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Debtor: Bafia, Mieczyslaw

Exhibit for Real Estate

17. Description of real estate: Continued

Farcel ID:

Cook County Clarks Office 23-02-206-017-0000