## **UNOFFICIAL COPY**

| CC FINANCING STATEMENT AMENI   | DMENT   |   | <b>*</b> 1818716037 <b>*</b>   |   |
|--|---|---|--|---|
| CLLOW INSTRUCTIONS  NAME & PHONE OF CONTACT AT FILER (optional)  |   | ] Doc# 1  | 818716087 Fee \$40.00  |   |
| JEAN KUCSERA 219-558-1984  |   | RHSP FEE  | :\$9.00 RPRF FEE: \$1.00   |   |
| E-MAIL CONTACT AT FILER (optional)  JKUCSERA@PROVIDENCEBANK.COM  |   |   | YARBROUGH  |   |
| SEND ACKNOWLEDGMENT TO: (Name and Address)   | <u> </u>  |   | NTY RECORDER OF DEEDS  |   |
|  |   |   | /06/2018 03:55 PM PG: 1 OF   | 2   |
| PROVIDENCE BANK & TRUST  | ı   |   |  | _   |
| 630 E. 162ND STREET  |   | Se  | the contract of the contract o | -   |
| SOUTH HOLZAND IL 60473   | ı   | <b>,</b>  |  |   |
| <u> </u>   |   |   | SPACE IS FOR FILING OFFICE USE   |   |
| . INITIAL FINANCING STATEMENT F. EN JMBER 300226021  |   | (or recorded) in the                                | TATEMENT AMENDMENT is to be filed (for<br>REAL ESTATE RECORDS<br>nent Addendum (Form UCC3Ad) and provide Deb   |   |
| ✓ TERMINATION: Effectiveness of the Finar Juny Statement id  | dentified above is terminated w                 | vith respect to the security                        | interest(s) of Secured Party authorizing thi   | s Termination   |
| Statement  ASSIGNMENT (full or partial): Provide name of A sign se in  | item 7a or 7b, <u>and</u> address of            | f Assignee in item 7c <u>and</u> i                  | name of Assignor in Item 9   |   |
| For partial assignment, complete items 7 and 9 and also is dical CONTINUATION: Effectiveness of the Financing Statemer   | ident lied above with respect                   |   | of Secured Party authorizing this Continuat  | ion Statement is  |
| continued for the additional period provided by applicable law   | <del>_</del>                                    | · · · · · · · · · · · · · · · · · · ·               |  |   |
| PARTY INFORMATION CHANGE:  Charles on of those two houses:  AN   | (D) Check wife of these three bo                | oxes to:  |  |   |
| Check <u>one</u> of these two boxes:  This Change affects Debtor or Secured Party of record  | CHANG!, name and/or a item 6a or 6b; rad it m 7 | address: Complete<br>7a or 7b <u>and</u> item 7c 7a | DD name: Complete item   | Give record name item 6a or 6b                            |
| CURRENT RECORD INFORMATION: Complete for Party Info  | rmation Change - prc ride only g                | one name (6a or 6b)                                 |  |   |
|  |   |   |  |   |
| 6a. ORGANIZATION'S NAME  |   |   |  |   |
| 6b, INDIVIDUAL'S SURNAME   | FIRST PERSON ESTEBA                             |   | ADDITIONAL NAME(S)/INITIAL(S)  | SUFFIX  |
| 66. INDIVIDUAL'S SURNAME  LINAREZ  | ESTEBA  | AN  |  |   |
| 6b, INDIVIDUAL'S SURNAME   | ESTEBA  | AN  |  |   |
| 6b. INDIVIDUAL'S SURNAME  LINAREZ  CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME  | ESTEBA  | AN  |  |   |
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| Gb. INDIVIDUAL'S SURNAME  LINAREZ  CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  | ESTEBA  | AN  |  | of the Debtor's name)                                     |
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| 6b. INDIVIDUAL'S SURNAME  LINAREZ  CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  | ESTEBA or Party Information Change - provide of | AN  | ct, full name, do not omit, modify, or abbreviate any part   | of the Debtor's name)                                     |
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| 6b. INDIVIDUAL'S SURNAME  LINAREZ  CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes  | ESTEBA or Party Information Change - provide of | AN only <u>one</u> name (7a or 7h) (use 'va         | STATE POSTAL CODE  | of the Debtor's name)  SUFFIX  COUNTRY                    |
| 6b. INDIVIDUAL'S SURNAME  LINAREZ  CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes  | ESTEBA or Party Information Change - provide of | AN only <u>one</u> name (7a or 7h) (use 'va         | STATE POSTAL CODE  | of the Debtor's name)  SUFFIX  COUNTRY                    |
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| CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxe Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZI If this is an Amendment authorized by a DEBTOR, check here                           | CITY  ADD collateral                            | DELETE collateral                                   | STATE POSTAL CODE  | of the Debtor's name)  SUFFIX  COUNTRY  ASSIGN collateral |
| CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxe Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZI If this is an Amendment authorized by a DEBTOR, check here   9a. ORGANIZATION'S NAME | CITY  CITY  ADD collateral                      | DELETE collateral                                   | STATE POSTAL CODE  | of the Debtor's name)  SUFFIX  COUNTRY  ASSIGN collateral |
| CHANGED OR ADDED INFORMATION: Complete for Assignment  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxe Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZI If this is an Amendment authorized by a DEBTOR, check here                           | CITY  CITY  ADD collateral                      | Only one name (7a or 7h) (use va                    | STATE POSTAL CODE  | of the Debtor's name)  SUFFIX  COUNTRY  ASSIGN collateral |

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| UCC FINANCING STATEMENT AMENDMENT ADDENDUM  |  |  |
|---|--|--|
| FOLLOWINSTRUCTIONS  |  |  |
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 1300226021 |  |  |
| 12, NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form            |  |  |

|     | 300226021  |
|-----|--|
| 12. | NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form |
|     | 12a. ORGANIZATION'S NAME PROVIDENCE BANK & TRUST                           |
|     |  |
| OR  | 12b, INDIVIDUAL'S SURNAME  |
|     | FIRST PERSONAL NAME  |
|     | ADDITIONAL NAME(S)/INITIAL S) SUFFIX                                       |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| 13. | Name of DEBTOR on related financing state one Debtor name (13a or 13b) (use exact, full name of | ent (Name of a current Det | otor of record required for indexing | g purposes only in some filing offices - see Instruction item | 13): Provide only |
|-----|---|----------------------------|--------------------------------------|---|-------------------|
|     | 13a, ORGANIZATION'S NAME  | Ox                         |                                      | ,   |                   |
| OR  | 13b. INDIVIDUAL'S SURNAME LINAREZ   | C                          | FIRST PERSONAL NAME ESTEBAN          | ADDITIONAL NAME(S)/INITIAL(S)                                 | SUFFIX            |
| 14. | ADDITIONAL SPACE FOR ITEM 8 (Collateral):   |                            | oung                                 | C/O/7/5 O/F/CO  |                   |
| 15. | This FINANCING STATEMENT AMENDMENT:   |                            | 17. Description                      | of real estate;   |                   |

| 15. This FINANCING STATEMENT AMENDMENT:   | 17. Description of real estate:               |  |  |
|---|---|--|--|
| covers timber to be cut covers as-extracted collateral is filed as a fixture filing | ADDRESS: 5529-33 CERMAK RD. CICERO II         |  |  |
| 16. Name and address of a RECORD OWNER of real estate described in item 17          | PINS: 16-28-100-004-0000; 16-28-100-005-0000; |  |  |
| (if Debtor does not have a record interest):  | 16-28-100-006-0000                            |  |  |
|   | LEGAL DESC: LOTS 15, 16 & 17 IN BLK 1 MG      |  |  |
|   | PARK LAND ASSN SURDIVISON IN THE W            |  |  |

IN BLK 1 MORTON N IN THE W 1/2 OF THE NW 1/4 OF SECT 28 TWSHP 39 N RNG 13 E OF

CICERO IL

THE 3RD PM COOK COUNTY ILL

18. MISCELLANEOUS: