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@wolte	erskluwer.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	20139 - HINSDALE BANK
Lien Solutions P.O. Box 29071	66079509
Glendale, CA 91209-9071	ILIL
1	FIXTURE
ile vith: Cook, IL	

Doc# 1823212121 Fee \$42.00

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

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/20/2018 03:03 PM PG: 1 0F 3

			
Lien Solutions	66079509		
P.O. Box 29071 Glendale, CA 91209-9071	11 II I		
Gielluaic, OA 31203-30/1	ILIL		
	FIXTURE		
, ile vith: Cook, IL	-	THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
a. INITIAL FINANCING STATEME'. I FILE NUMBER	1b. [5	This FINANCING STATEMENT AMENDMENT is to be filed	d [for record]
401410022 1/14/2014 CC II Cook		(or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide D	Sebtor's name in Item 1
. TERMINATION: Effectiveness of u.a Financing Statement	ent identified above is terminated with respe	ect to the security interest(s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name c. As signer For partial assignment, complete items 7 and 9 s od als		e in item 7c <u>and</u> name of Assignor in item 9	
. CONTINUATION: Effectiveness of the Financing Stat in continued for the additional period provided by applicab		curity interest(s) of Secured Party authorizing this Continuation	on Statement is
. PARTY INFORMATION CHANGE:			
Check one of these two boxes:	AND chick ine of these three boxes to: CAUGE name and/or address	s: Complete ADD name: Complete item DELETE na	me: Give record nan
This Change affects Debtor or Secured Party of recor	d ite n 62 or 3b; and item 7a or 7	b <u>and</u> item 7c 7a or 7b, <u>and</u> item 7c to be deleted	d in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party In	nformation Change - pr pvide only <u>one</u> name	e (6a or 6b)	
6a. ORGANIZATION'S NAME			
DR CA INDUIDUAL SE CUEDIAME			
60. INDIVIDUAL S SURNAME	FIRST PERCONAL NAM	ME ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
GOFIS	ANDREW),,	,
	nt or Party Information Change - provide only one nat	mr (/a / /7b) (use exact, full name; do not omit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME			
R 75 INDOVIDUALIS CUDALANT			
7b. INDIVIDUAL'S SURNAME		0.	
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUALS FIRST PERSONAL NAME		τ_{c}	
INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S)			SUFFIX
INDIVIOURE O ABBITTOTAL TARRECONTRIBLEO		(),	
	СІТУ	STATE FUSTAL CODE	COUNTRY
		10	
COLLATERAL CHANGE: Also check one of these f	our boxes: ADD collateral D	ELETE collateral RESTATE covered collateral	ASSIGN collate
Indicate collateral:	odi boxesADD collateralD	ELETE CONSIGNATION ELETTE COVERED COMP eleT	A331314 Willate
morcate conateral.			9
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WARE OFCUDED DARRY DECORD WITH	ADITALO TURO AMENDALENT. D. C.	Obligation of Assistance (Chicago and Assistance (Chic	<u></u>
. NAME OF SECURED PARTY OF RECORD AUTHO If this is an Amendment authorized by a DEBTOR, check here	_		nment)
9a. ORGANIZATION'S NAME	and provide name of admontaling bei		
SUBURBAN BANK & TRUST			E
OR ON INDIVIDUAL'S SURNAME	FIRST DEDSONAL MAS	ADDITIONAL NAME/SVINITIAL(S)	QUEEKY

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: GOFIS, ANDREW

66079509

MD/RAO

UNOFFICIAL COPY

	CC FINANCING STATEMENT AMENDMENT ALLOW INSTRUCTIONS	ADDENDUM			
11.	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Ameno 01410022 1/14/2014 CC IL Cook	dment form	,		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME					
	SUBURBAN BANK & TRUST				
OR	12b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME		_		
	ADDITIONAL NAME(SYINITIA' (C)	SUFFIX	THE ABOVE	E SPACE IS FOR FILING OFFICE US	SE ONLY
13.	Name of DEBTOR on related financia a statement (Name of a current Debtor of one Debtor name (13a or 13b) (use exact, in name; do not ornit, modify, or at 13a. ORGANIZATION'S NAME		dexing purposes only in s	ome filing offices - see Instruction item	
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
	GOFIS	ANDREW			
SU	EUREAN BANK & TRUST - 150 BUTTERFIELD ROAD, ELMHU		Description of real estate:		
16.		es a fixture filling W EA 12 SU TH	OTS 1 TO 12, I EST 1/2 OF T AST OF AND A IN BLOCK 5 JBDIVISION O IE NORTHWE OWNSHIP 37	BOTH INCLUSIVE A HE VACATED ALLE ADJOINING SAID LO IN CICERO GARDE OF THE NORTHWES EST 1/4 OF SECTION NORTH, RANGE 13, NCIPAL MERIDIAN, OIS	Y LYING DTS 1 TO NS, A BT 1/4 OF N 15, , EAST OF

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

[See Exhibit for Real Estate]

File with: Cook, IL

MD/RAO

SUBURBAN BANK & TRUST

18. MISCELLANEOUS; 66079509-IL-31 20139 - HINSDALE BANK & TRUS

1823212121 Page: 3 of 3

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Debtor: GOFIS, ANDREW

Exhibit for Real Estate

17. Description of real estate: Continued

Parcel ID:

24-15-107-001; 24-15-107-002; 24-15-107-003; 24-15-107-004; 24-15-107-005; 24-15-107-006; 24-15-107-007; 24-15-107-008; 24-15-107-009; 24-15-107-010; 24-15-107-011; AND 24-15-107-012