## **UNOFFICIAL COPY**

UCC FINANCING STATEMENT AMENDMEN	Т		TERRO TOTAL TRANSPORTE AND	
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294			1000144558	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com		Noc# 1829	*18291440000 9144058 Fee \$40.00	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
1536 62868			.00 RPRF FEE: \$1.00	
csc	ı	CAREN A.YAR	BROUGH	
801 Adlai Stevenson Drive Springfield, IL 62703		COOK COUNTY	RECORDER OF DEEDS	nF 2
FILE	d In: Illinois (Cook) I	DATE: 10/18	3/2018 02:38 PM PG: 1 (	,, -
		ТНІ		QHET"
1a. INITIAL FINANCING STATEMENT FILE N JMBER 0829410007 10/20/2006		(or recorded) in the REAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS dendum (Form UCC3Ad) and provide Debt	
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated v	vith respect to the security intere	st(s) of Secured Party authorizing this	Termination
3. ASSIGNMENT (full or partial): Provide name of As agree in item 7a or 7 For partial assignment, complete items 7 and 9 and clsc in cate affected of			of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statemen Ident fied at continued for the additional period provided by applicable law	ove with respect	to the security interest(s) of Sec	cured Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:				
	of these three bo		ne: Complete item DELETÉ name;	Give record name
This Change affects Debtor or Secured Party of record item 6	a (r 6b; anditem 7	a or 7b and item 7c 7a or 7b	and item 7c to be deleted in	
CURRENT RECORD INFORMATION: Complete for Party Information Chan     6a, ORGANIZATION'S NAME	ge - pri vide only :	one name (6a or 6b)		
	C	/ .		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAC MAMIT	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
MCELROY	ADAIRA			
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informat	ion Change - provide o	only one name (7a or 7b) him exact, full na	ame; do not omit, modify, or abbreviate any part o	of the Debtor's name)
7a. ORGANIZATION'S NAME		<b>C</b> '>		
OR 7b. INDIVIDUAL'S SURNAME		· · · · · · · · · · · · · · · · · · ·		
			Ζ,	
INDIVIDUAL'S FIRST PERSONAL NAME			5	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
·				
7c. MAILING ADDRESS	CITY		STATE POSTAL COLO	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: ADD	) collateral	DELETE collateral F	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:	· Wilateras [		(LS) ATE COVERED CONSCION	AUGICIA CONSTENSI
madata conditional.				
			,	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AT If this is an Amendment authorized by a DEBTOR, check here and provide r	MENDMENT: P name of authorizin		name of Assignor, if this is an Assignme	ent) _
9a ORGANIZATION'S NAMEWashington Federal: A Succes		<u> </u>	nk	
0.0				
9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: ADAIRA MCE	LROY - 53°	10418207		1536 6286



1829144058 Page: 2 of 2

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FOLLOW INSTRUCTIONS	II ADDENDUN	,				
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on a 0829410007 10/20/2008	1					
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9						
12a ORGANIZATION'S NAME Washington Federal: A Successor by Merger to F	irst Mutual Bank					
Washington Federal . Neddecessor by Merger to 1	not wataar barik	-				
OR						
OR 12b. INDIVIDUAL'S SURNAME	1					
FIRST PERSONAL NAME		I				
6		•				
ADDITIONAL NAME(S)/INIT.AL(S)	SUFFIX	1				
			SPACE IS FOR FILING OFFICE U			
<ol> <li>Name of DEBTOR on related financing fate tient (Name of a current Det one Debtor name (13a or 13b) (use exact, full not me do not omit, modify, or abbit</li> </ol>				13): Provide only		
13a. ORGANIZATION'S NAME						
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
MCELROY	ADAIRA					
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):						
	4					
	<sup>4</sup> / <sub>2</sub> ,					
T'_						
T COUNTY COR						
			Jiji Ca			
			C			
			C			
15. This FINANCING STATEMENT AMENDMENT:	17. Descript	ion of real estate: 20X22 GAR/	\CE	<u> </u>		
	an a Cutura Clian	E 20822 GAR/ EL: 25 <b>-</b> 09-111-				
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):						
			LOCK 8 IN EAST WASH			
•			'S, BEING A SUBDIVISION OF THE WEST F THE NORTHWEST QUARTER AND THE			
	1		TER OF SECTION 9, TO			
	37 NO	RTH, RANGE	14, EAST OF THE THIR	D		
	PRINC	IPAL MERIDIA	N, IN COOK COUNTY,	ILLINOIS.		
18. MISCELLANEOUS:						