### **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	67355015
Glendale, CA 91209-9071	ILIL
	FIXTURE
File with: Cook, IL	

Doc# 1832404040 Fee \$44.2	-
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RHSP FEE: \$9.00 RPRF FEE: \$1.00

KAREH A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/20/2018 11:40 AM PG: 1 OF 3

File with: Cook, IL	THE ABOV	E SPACE IS FOR FILING OFFICE US	SE ONLY
a. INITIAL FINANCING STATEMENT FILE TUMBER 911919004 4/29/2009 CC I'L Crok	(or recorded) in th	STATEMENT AMENDMENT is to be filed [filed   Filed   Fi	•
TERMINATION: Effectiveness of the Financing Streement identified Statement	d above is terminated with respect to the security int	terest(s) of Secured Party authorizing this To	ermination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a For partial assignment, complete items 7 and 9 and at 0 in lice at		me of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identities continued for the additional period provided by applicable law	ea above with respect to the security interest(s) of S	Secured Party authorizing this Continuation	Statement is
PARTY INFORMATION CHANGE:	0_	<u> </u>	
Check one of these two boxes:	neck <u>c</u> <u>re</u> of thrise three boxes to:		
This Change affects Debtor or Secured Party of record		ADD name: Complete item DELETE name 7a or 7b, and item 7c	: Give record name
		a or ra, and kalli re	Thom do or ob
CURRENT RECORD INFORMATION: Complete for Party Information C 6a, ORGANIZATION'S NAME	change - provide only <u>one</u> name (oa or ob)		
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL Nº ME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
PORTIERA	JOSEPH	R.	
. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	rmation Change - provide only one name (za or 7b) (ur . e. ct.	full name; do not omit, modify, or abbreviate any part of t	he Debtor's name)
7a. ORGANIZATION'S NAME			
7b, INDIVIDUAL'S SURNAME			
		4	
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)			SUFFIX
rc. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral DELETE collateral	RESTATE covered collateral	ASSIGN collateral
— — —			
Indicate collateral:			

	AME OF SECURED PARTY OF RECORD AUTHOR this is an Amendment authorized by a DEBTOR, check here	RIZING THIS AMENDMENT: Provide only one name and provide name of authorizing Debtor	(9a or 9b) (name of Assignor, if this is an Assignme	ent)
	9a. ORGANIZATION'S NAME SUBURBAN BANK & TRUST			
OR	9h INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SVINITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: PORTIERA, JOSEPH R. 67355015 **PORTIERA/STROBEL** 

14745

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

1832404040 Page: 2 of 3

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FOLLOW INSTRUCTIONS	ADDENDUM	•	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amend	iment form		
0911919004 4/29/2009 CC IL Cook			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Am	nendment form		
12a, ORGANIZATION'S NAME SUBURBAN BANK & TRUST			
OR 12b, INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING O	CEIPE HEE ON V
13. Name of DEBTOR on related financing statement (Name of a current Debtor of			uction item 13): Provide only
one Debtor name (13a or 13b) (use exact, full nar æ; Jo not omit, modify, or ab  13a. ORGANIZATION'S NAME	poreviate any part of the Debt	or's name); see instructions if name does not t	ıt
OR JON HIDROGUALS SUSPICALS			
OR 13b, INDIVIDUAL'S SURNAME PORTIERA	JOSEPH	ADDITIONAL NAME(SYINIT R.	TAL(S) SUFFIX
14. ADDITIONAL SPAGE FOR ITEM 8 (Collateral): Debtor Name and Address:	) .	•	•
PORTIERA, JOSEPH R 7057 W. DRALLE ROAD, MONEE, IL 6			
STROBEL, TIMOTHY W 2427 FOXTAIL COURT, CREST HILL,	IE 604%3		
Secured Party Name and Address: SUBURBAN BANK & TRUST - 150 BUTTERFIELD ROAD, ELMHL	JRST, IL 621 <i>26</i>		
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		Clotto	
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		\suppression \( \suppression \)	
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		1)5.	
		C	
		C	<b>Y</b>
15. This FINANCING STATEMENT AMENDMENT:	17 Description	ion of real estate:	
	· ·	7, 28, 29 and 30 in Block	2 in Sighola's
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):		on to Chicago Heights, be	-
(ii Debioi does not have a record interest).	1	ision of the South 7 acre	•
		Court Partition of the No	
		tion 32 and the West half	•
		vest quarter of Section 33	
		Range 14, East of the Th	•
		an, in Cook County, Illino	•
	[ See Ex	hibit for Real Estate ]	
18, MISCELLANEOUS; 67355015-IL-31 20139 - HINSDALE BANK & TRUS SUBUR	RBAN BANK & TRUST	File with: Cook, IL PORTIERA/STROBEL 147	745

## **UNOFFICIAL COPY**

Debtor: PORTIERA, JOSEPH, R.

### **Exhibit for Real Estate**

### 17. Description of real estate: Continued

Real Property located at 3221-3227 SOUTH COMMERCIAL AVENUE, SOUTH CHICAGO HEIGHTS, IL 50411.

Rea! Property Tax Identification Numbers are: 32-32-215-015-0000, 32-32-215-016-0000, 32-32-215-017-0000, & 32-32-215-018-0000.

Parcel ID:

32-32-215-017-0000, \$ 32-32-215-018-0000