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Doc# 1913633013 Fee \$42,25 UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS: RHSP FEE: \$9.00 RPRF FEE: \$1.00 A, NAME & PHONE OF CONTACT AT FILER (optional) EDWARD M. MOODY Dave LaRose (800) 346-9152 COOK COUNTY RECORDER OF DEEDS B. E-MAIL-CONTACT AT FILER (optional) DATE: 05/16/2019 10:02 AM PG: 1 OF 2 C. SEND ACKNOWLEDGMENT TO: (Name and Address) Nationwide Title Clearing 2100 Alt 19 North Palm Harbor, FL 34683 0644460131~001 NSMRC IL Cook THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) 1a. INITIAL FINANCING STATEMENT FILE NUMP A (or recorded) in the REAL ESTATE RECORDS Instr#: 1317549019 Date: 06/24 2013 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. 🔀 TERMINATION: Effectiveness of the Financing Statem not identified above is terminated with respect to the secunty interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in item /a or 7b, and address of Assignee in item 7c and name of Assigner in item 9 For partial assignment, complete items 7 and 9 and also indic to affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: AND Check one of ther a three boxes to: Check one of these two boxes: DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only rate name (6a or 6b) 6a, ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME IRST PERSONAL NAME ADDITIONAL NAME(SVINITIAL(S) SUFFIX **SUSAN** SARAC 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use "an" full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a ÖRGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) POSTAL CODE COUNTRY 7c. MAILING ADDRESS STATE DELETE collateral RESTATE covered collateral ASSIGN collateral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a, ORGANIZATION'S NAME MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. OR 9b. INDIVIDUAL'S SURNAME IRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)

10. OPTIONAL FILER REFERENCE DATA: NTCID: 406754848 MIN: 100011511234448091 MERS Phone 888-679-6377 State: IL County: Cook Debtor: SUSAN

SARAC

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	11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form Instr#: 1317549019 Date: 06/24/2013		
12. NAN OF PARTY AUTHORIZING THIS AMENDMENT: Same as item			
128 PREADIZATION'S NAME NO PRESENTATION SYSTEMS, II	NC.		
OR 12b, INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME	***		
ADDITIONAL N. V. 'E(S /INITIAL(S)			
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13. Name of DEBTOR on relited inancing statement (Name of a current one Debtor name (13a or 13b) (us sex ct; full name; do not omit, modify, or a			13):: Provide only
138. ORGANIZATION'S NAME	**		
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
SARAC	SUSAN		
•	Coup		
15. This FINANCING STATEMENT AMENDMENT:		on of real estate:	