## **UNOFFICIAL COPY**

	*1921317
CC FINANCING STATEMENT AMENDMENT DLLOWINSTRUCTIONS	Boc# 1921317091
NAME & PHONE OF CONTACT AT FILER (optional)	pusp FFF:\$9.00 RPRF

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)	506503 - SIERRA VIEW
Lien Solutions P.O. Box 29071	71038136
Glendale, CA 91209-9071	ILIL .
	FIXTURE
File with Cook, IL	

*1921317091* Doc# 1921317091 Fee \$88.00	:
RHSP FEE: \$9.00 RPRF FEE: \$1.00	
COOK COUNTY RECORDER OF DEEDS	1
DATE: 08/01/2019 11:10 AM PG: 1 OF 3	
	1

_					
1a.	INITIAL FIN	ANCING STA	ATEMENT	FLETIUMBER	
06	2911116	1 10/18/	2006 CI	Cil. Cook	

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]
(or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

2.	TERMINATION: Effectiveness of the Final cinc Statement	t identified above is terminated with respect to the sec	surity interest(s) of Secured Party authorizing this Termination	-
3.	ASSIGNMENT ( <u>full</u> or partial): Provide name of Assic (see For partial assignment, complete items 7 and 9 <u>and</u> a.co	n item 7a or 7b, <u>and</u> address of Assignee in item 7c or .cate affected collateral in item 8	and name of Assignor in item 9	_
4.	CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable	ent identified above with respect to the security interest law.	t(s) of Secured Party authorizing this Continuation Statement is	
5. [	PARTY INFORMATION CHANGE:			_
C	Check one of these two boxes:	AND Check one at these three boxes to:		
Т	his Change affects Debtor or Secured Party of record	CHANGE name and/or address: Complete item 6a o. 6b; arc nom 7a or 7b and item 7c	ADD name: Complete item DELETE name: Give record name 7a or 7b, and item 7c	e
6. C	URRENT RECORD INFORMATION: Complete for Party Info	ormation Change - provide only one name (6a or 6b)		_
	6a. ORGANIZATION'S NAME	0(1)		_
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA JE	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	_
7.·C	HANGED OR ADDED INFORMATION: Complete for Assignment	or Party Information Change - provide only one name (7a or 7b) (us	F was full name; do not omit, modify, or abbreviate any part of the Debtor's name)	-
	7a, ORGANIZATION'S NAME SIERRA VIEW HOLDINGS INC.			_
OR	7b. INDIVIDUAL'S SURNAME	•	14,	_
	INDIVIDUAL'S FIRST PERSONAL NAME		00	_
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	-
7c. l	MAILING ADDRESS	CITY	STATE POSTAL COT É COUNTRY	_
99	69 River Way	Delta	BC V4G 1M8 CAN	
8. [	COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four indicate collateral:	r boxes: ADD collateral DELETE collate		al

If this i	E OF SECURED PARTY OF RECORD AUTHORIZIN is an Amendment authorized by a DEBTOR, check here ORGANIZATION'S NAME	and provide name of authorizing Debtor	<u> </u>
9a. I	ORGANIZATION'S NAME		
I ←ı	DOT MUTUAL DANIE		·
- 1 '	RST MUTUAL BANK		•
OR 9b.	INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: OLIVER, ODESSA H.

71038136 LOAN# ILBB06096-RC - CALL# 877-765-9378

LOAN AMOUNT: \$7,244.17

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	LOW INSTRUCTIONS				
UUZ	NITIAL FINANCING STATEMENT FILE NUMBER: 29111161 10/18/2006 CC IL Cook	Same as item 1a on Amen	dment form	·	
12.	NAME OF PARTY AUTHORIZING THIS AMENDM	ENT: Same as item 9 on A	mendment form		•
	12a. ORGANIZATION'S NAME FIRST MUTUAL BANK			•	,
	,				
OR	12b. INDIVIDUAL'S SURNAME				
		·	·		
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
12	Alema of DEDTOD or related for a six and describe			THE ABOVE SPACE IS FOR FILING OFFICE L	
13,	Name of DEBTOR on related financing state ner' ( one Debtor name (13a or 13b) (use exact, full l.am	Name of a current Debtor o	if record required for indexing purpo bbreviate any part of the Debtor's na	ses only in some filing offices - see Instruction ite ame); see Instructions if name does not fit	m 13); Provide only
	13a, ORGANIZATION'S NAME	Ox			
OR	13b. INDIVIDUAL'S SURNAME OLIVER ,		FIRST PERSONAL NAME ODESSA	ADDITIONAL NAME(S)/INITIAL(S)  H.	SUFFIX
OLI OLI Sed FIR	otor Name and Address:  VER, ODESSA H 310 WEST 103RD P  VER, ARCHIE L 310 WEST 103RD PL  Bured Party Name and Address:	ACE , CHICAGO, IL 6	-1		
	ST MUTUAL BANK - PO BOX 1647 , BEL RRA VIEW HOLDINGS INC 9969 River	LEVUE, WA 98009-1	17. Description of	Clort's Office	

LOAN# ILB806096-RC - CALL# 877-765-9378 LOAN

FIRST MUTUAL BANK

File with: Cook, IL

18. MISCELLANEOUS: 71038136-IL-31 506503 - SIERRA VIEW HOLDINGS

1921317091 Page: 3 of 3

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## **LEGAL**

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF COOK IN THE STATE OF ILLINOIS, TO WIT: LOT 26 IN BLOCK 2 IN FERNWOOD ADDITION TO PULLMAN, SAID ADDITION BEING A SUBDIVISION OF LOTS 2, 7 AND THE NORTH PART OF LOT 10 EXCEPT THE WEST 33 FEET OF LOTS 2, 7 AND PART OF 10 IN SCHOOL TRUSTEES SUBDIVISION OF SECTION 16, TOWNSHIP 37 ORIGO

COOK COUNTY CLOTH'S OFFICE NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.