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UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS A MAKE & PROVED OF CONTACT AT FILER (paternal) SCS. 1-800-0856-5294 E. ÉMAIL CONTACT AT FILER (paternal) SCS. 1-800-0856-1100 SCO. 1-800-0856-1100 SCS. 1-800-0856-1100						
HAME BY NOOD CONTACT AT FILER (optional) SSPETHING@OSCG(DOBLOON SPETHING@OSCG(DOBLOON THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY SPRINGPER, IL 62702 IT 728 21889 CSG SIOT Adia Silverson Drive Springfield, IL 62702 Filed in: Illinois (COON) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE AB					a1031996147*	
SENDAL CONTACT AT FLEET (potential) SPRETING (SSOG) GOAL CORM 1778 21889 CSC CSC SSOT Addia Stevension Drive Springfield, IL 62702 Filed In: Illinois CCOUNTY Filed In: Illinois THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING			NT			i
Check dags of these two boxes This Change affects	A. NAME & PHONE OF CSC 1-800-85 B. E-MAIL CONTACT AT SPRFiling@csc C. SEND ACKNOWLEDG 1728 21889 CSC 801 Adlai Stevenso Springfield, IL 6270 1a. INITIAL FINANCING STA 153213028 05/12 2. TERMINATION: En Statement 3. ASSIGNMENT (full For partial assignment 4. CONTINUATION: continued for the add	CONTACT AT FILER (optional) 18-5294 FILER (optional) global.com GMENT TO: (Name and Address) TEMENT FILEN UMBER 2015 fectiveness of the Financian Statement identified about compartial): Provide name of A signer in item 7a or t, complete items 7 and 9 and stermin cate affected Effectiveness of the Financing Statemer, identified titional period provided by applicable law	(Cook) pove is terminated w	THE ABOVE SPA This Financing State (or recorded) in the REAL Filer, gitach Amendment Addith respect to the security interes. Assignee in item 7c and name of	RECORDER OF DEEDS 5/2019 03:21 PH PG: 1 CE IS FOR FILING OFFICE USE MENT AMENDMENT is to be filed (for ESTATE RECORDS dendum (Form UCC3Ad) and provide Details (s) of Secured Party authorizing the off Assignor in item 9	E ONLY or record) otor's name in item 13 is Termination
Holland Renee 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only age name (7s or 7s) you great, full name, do not dimit, modify, or abbreviate any part of the Debtar's name) 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(Sylinitial (S)) 7c. MAILING ADDRESS CITY STATE POSTAL-CFU2 COUNTRY STATE STATE Covered collateral Indicate collateral Indicate collateral 2013 CARRIER Infinity 98 Furnace M# 59MN7A080V1714 S# 4313A54106 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only age 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 NAMEMICTOF 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10 ORTIONAL FILER REFERENCE DATA Debtors Peaged Holland	Check one of these two bo This Change affects CORD I	xes: AND Check of the control of th	ANGI , name and/or a 16a ur 6b; a <u>r C</u> em 7	ddress: Complete ADD nar a or 7b <u>and</u> item 7c 7a or 7b	ne: Complete itemDELETE name and item 7cto be deleted in	: Give record name nitem 6a or 6b
75. INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S/INITIAL(S) 76. MAILING ADDRESS CITY STATE POSTAL COURTRY 8 COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Delete collateral RESTATE covered collateral ASSIGN collateral Indicate collateral Indicate collateral ASSIGN collateral ASSIGN collateral CARRIER Infinity 98 Furnace M# 59MN7A080V1714 S# 4313A54106 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 Deotor 9a. ORGANIZATION'S NAME MICROF 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S) SUFFIX	60. INDIVIDUAL 5 SURIN	AME	1	AL NAM I	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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Indicate collateral: 2013 CARRIER Infinity 98 Furnace M# 59MN7A080V1714 S# 4313A54106 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 MICROF OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL FILER REFERENCE DATA Debtor: Paper Holland	7c. MAILING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
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If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME MICROF OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	Indicate collateral:		_	_	ESTATE covered collateral	ASSIGN collateral
10. OPTIONAL FILER REFERENCE DATA-Debtor: Penee Holland	If this is an Amendment au	thorized by a DEBTOR, check here 🔲 and provide		•— •	name of Assignor, if this is an Assignm	eent)
10. OPTIONAL FILER REFERENCE DATA: Debtor: Renee Holland 1728 21889	OR 9b. INDIVIDUAL'S SURN	AME	FIRST PERSONA	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	L 10. OPTIONAL FILER REI	FERENCE DATA:Debtor:Renee Hollan	d		1	1728 21889

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FOLLOWINSTRUCTIONS				
 INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 153213028 05/12/2015 	1 1a on Amendment f	form		
2. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as	item 9 on Amendme	ent form		
128. ORGANIZATION'S NAME Microf				
200				
12b, INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
		1	THE ABOVE SPACE IS FOR FILING OFFICE US	
 Name of DEBTOR on related financing state nent (Name of a cur one Debtor name (13a or 13b) (use exact, full name do not omit, modify, 				3): Provide onl
13a. ORGANIZATION'S NAME				
13b. INDIVIDUAL'S SURNAME HOlland	FIRST PE	RSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
4. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	9		ADDITIONAL NAME(S)/MITTAL(S)	
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5. This FINANCING STATEMENT AMENDMENT:		17 Descriptio	TÁCHED EXHIBIT.	•
covers timber to be cut covers as-extracted collateral	is filed as a fixture fi	line Carri	THO IED EXTRIBIT.	
		- -		
 Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest): 				
 Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest): 3640 W 99th St 				
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3640 W 99th St. Evergreen Park, IL 60805 USA

LOTS 68 AND 69 IN FRANK DELUGACH'S ANNA HIGHLANDS, BEING A SUBDIVISION IN THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 1/1/20WNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax Number: 24-11-130-041 AND 24-11-130-042

Common Address: 3640 W 99TH STREET, EVERGREEN PARK, IL 60805