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			2002817679	
CC FINANCING STATEMENT AMEND	MENT	Doc# 2	2002817079 Fee \$88.	.00
DLLOW INSTRUCTIONS . NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		RHSP FEE:\$9.00 RPRF FEE: \$1.00		
. E-MAIL CONTACT AT FILER (optional)		EDWARD	M. MOODY	
SPRFiling@cscglobal.com		COOK CO	UNTY RECORDER OF DEEDS	4 05 3
. SEND ACKNOWLEDGMENT TO: (Name and Address)		DATE: 8	1/28/2020 02:44 PM PG:	1 01 3
1671 20868 CSC	\neg	•		
801 Adlai Stevenson Drive				
Springfield, IL 62707	Filed In: Illinois			
	(Cook)			
			CE IS FOR FILING OFFICE USE	
INITIAL FINANCING STATEMENT F LE NUMBER 519142037 07/10/2015	11	(or recorded) in the REAL	MENT AMENDMENT is to be filed [for ESTATE RECORDS Sendum (Form UCC3Ad) and provide Debto	
TERMINATION: Effectiveness of the Financing Statement idenstatement	itified above is terminated wit	h respect to the security intere	st(s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of A sign as in ite For partial assignment, complete items 7 and 9 and alco in acate		Assignee in item 7c <u>and</u> name o	f Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statemer (identification continued for the additional period provided by applicable law	ent fied above with respect to	the security interest(s) of Sec	ured Party authorizing this Continuati	on Statement is
PARTY INFORMATION CHANGE;	904			
Check <u>one</u> of these two boxes: AND	Checker, these three box		0 14 7 051575	~ :
his Change affects Debtor or Secured Party of record	CHANG , name and/or ad item 6a or 6b; ad item 7a	or 7b <u>and</u> item 7c 7a or 7b,	ne: Complete itemDELETE name: and item 7cto be deleted in item.	tem 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information: [6a. ORGANIZATION'S NAME444 North Wells Limited F				
6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAM E	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or P 7a. ORGANIZATION'S NAME	earty Information Change - provide on	y <u>one</u> name (7a or 7h) , use *xact. full na	me; do not omit, modify, or abbreviate any part o	f the Debtor's name)
7b. INDIVIDUAL'S SURNAME				
TO, AND PRODUCE OF CONTRAME				
INDIVIDUAL'S FIRST PERSONAL NAME			Tý C	
			<u> </u>	SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME			SO Proceedings	SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	CITY		STATE POSTAL CODE	SUFFIX COUNTRY USA
INDIVIDUAL'S FIRST PERSONAL NAME	CITY		STATE POSTAL CODE	COUNTR
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	CITY ADD collateral	DELETE collateral F	CO	COUNTRY
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral F	CO	COUNTRY
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	-	ESTATE covered collateral	COUNTRY USA ASSIGN collater
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	vide only <u>one</u> name (9a or 9b) (r	ESTATE covered collateral	COUNTRY USA ASSIGN collater
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral STHIS AMENDMENT: Production of authorizing	vide only <u>one</u> name (9a or 9b) (r Debtor	ESTATE covered collateral	COUNTRY USA ASSIGN collater
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: NAME of SECURED PARTY of RECORD AUTHORIZING f this is an Amendment authorized by a DEBTOR, check here and	ADD collateral STHIS AMENDMENT: Production of authorizing	vide only <u>one</u> name (9a or 9b) (r Debtor	ESTATE covered collateral	COUNTRY USA ASSIGN collater
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING this is an Amendment authorized by a DEBTOR, check here and	ADD collateral STHIS AMENDMENT: Production of authorizing	vide only <u>one</u> name (9a or 9b) (r Debtor a ny	ESTATE covered collateral	COUNTRY USA ASSIGN collater
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: Indicate coffateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING this is an Amendment authorized by a DEBTOR, check here and an Organization's NAME Genworth Life and Annuit	ADD collateral STHIS AMENDMENT: Produced provide name of authorizing by Insurance Comp	vide only <u>one</u> name (9a or 9b) (r Debtor a ny L NAME	ESTATE covered collateral A	COUNTRY USA ASSIGN collater

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FOLLOW INSTRUCTIONS	I ADDLINDOW		
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A 1519142037 07/10/2015	Amendment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9	on Amendment form		
12a. ORGANIZATION'S NAME Genworth Life and Annuity Insurance Company			
OR 12b. INDIVIDUAL'S SURNAME			
120. INDIVIDUAL S SUNVAINE			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL (S)	SUFFIX	•	
		THE ABOVE SPACE IS FOR FILING OFFICE U	JSE ONLY
13. Name of DEBTOR on related financing state sent (Name of a current Debone Debtor name (13a or 13b) (use exact, full name do not omit, modify, or abbr			13): Provide only
13a ORGANIZATION'S NAME 444 North Wells Limited Partner			
		LADOUTIONAL MALESCOVINITIAN (C)	lourny
13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):		1	Ţ
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15. This FINANCING STATEMENT AMENDMENT:	17. Description	of real estate: escription attached Exhibit B	•
	s a fixture filing Legal De	escription attached Exhibit B	
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	Property		
	444 Nort	h Wells IL 60654	
	Criicago	IL 00034	
	PIN: 17-0	09-251-004-000	
18. MISCELLANEOUS:	ı		

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EXHIBIT B TO UCC-1 FINANCING STATEMENT

Description of Real Estate

Debtor:

Secured Party:

444 North Wells Limited Partnership

445 North Wells, Suite 200

Chicago, 11, 60654

Genworth Life and Annuity Insurance Company

10851 Mastin, Suite 300

Overland Park, KS 66210

Attention: Servicing Department

The property which is the subject of this financing statement is situated in the County of Cook, State of Illinois, and is logally described as follows:

LOT 1 IN THE ASSESSOR'S DIVISION OF BLOCK 11 IN NEWBERRY'S ADDITION TO CHICAGO, IN SECTION 9, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Common Address: 444 North Wells Chicago, Illinois 60654

PIN: 17-09-251-004-0000