

# UNOFFICIAL COPY



\*2102140054\*

Doc# 2102140054 Fee \$93.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/21/2021 12:24 PM PG: 1 OF 2

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Connie Sorenson (801) 747-7713 934910
B. EMAIL CONTACT AT FILER (optional) csorenson@medallion.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) MEDALLION BANK 1100 EAST 6600 SOUTH, SUITE 510 SALT LAKE CITY, UT 84121 FILED IN: COOK,IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 2007917003	1b. <input checked="" type="checkbox"/> 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
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement	
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8	
4. <input type="checkbox"/> 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. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <b>AND</b> Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)	
6a. ORGANIZATION'S NAME	
OR	6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)	
7a. ORGANIZATION'S NAME	
OR	7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7c. MAILING ADDRESS	CITY STATE POSTAL CODE COUNTRY
8. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral: Garage - Fixture Filing THE FOLLOWING PROPERTY IS SITUATED IN SKOKIE, COUNTY OF COOK, STATE OF ILLINOIS TO WIT: 8073.00 / 4 LEWIS DEMPSTER FIRST SEC 41 T13 R2NE BLK 3 LOT 35.36 NILES TWP PROPERTY ADDRESS: 5004 GREENLEAF ST, SK OKIE, IL 60077 PARCEL ID#:10-21-213-053-0000  Owners: Susan M Ford	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor	
9a. ORGANIZATION'S NAME MEDALLION BANK	
OR	9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	

# UNOFFICIAL COPY

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

2007917003

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

MEDALLION BANK

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instructions item 13): Provide only one Debtor name (13a or 13b) (Use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fit

13a. ORGANIZATION'S NAME

OR

13b. INDIVIDUAL'S SURNAME

Ford

FIRST PERSONAL NAME

Susan

ADDITIONAL NAME(S)/INITIAL(S)

M

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Garage - Fixture Filing

THE FOLLOWING PROPERTY IS SITUATED IN SKOKIE, COUNTY OF COOK, STATE OF ILLINOIS TO WIT: 8073.00 / 4 LEWIS DEMPSTER FIRST SEC 41 T13 R2NE BLK 3 LOT 35.36 NILES TWP PROPERTY ADDRESS: 5004 GREENLEAF ST, SK OKIE, IL 60077 PARCEL ID#: 10-21-213-053-0000

Record Owner: Susan M Ford ,  
Debtors: Susan M Ford ,  
Secured Party - Medallion Bank

15. This FINANCING STATEMENT AMENDMENT:

covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

17. Description of real estate:

THE FOLLOWING PROPERTY IS SITUATED IN SKOKIE, COUNTY OF COOK, STATE OF ILLINOIS TO WIT: 8073.00 / 4 LEWIS DEMPSTER FIRST SEC 41 T13 R2NE BLK 3 LOT 35.36 NILES TWP PROPERTY ADDRESS: 5004 GREENLEAF ST, SK OKIE, IL 60077 PARCEL ID#: 10-21-213-053-0000

18. MISCELLANEOUS: