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0oc# 2117657012 Fee \$93.00

HSP FEE:\$9.00 RPRF FEE: \$1.00

UCC FINANCING STATEMENT AMENDMENT (AREN A. YARBROUGH **FOLLOW INSTRUCTIONS** :OOK COUNTY CLERK NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 )ATE: 06/25/2021 03:59 PM PG: 1 OF 2 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2133 12893 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Illinois (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 PLE NUMBER (or recorded) in the REAL ESTATE RECORDS 1620818053 07/26/2016 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of Assignee in item 7a 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 else in cate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statemen 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 on of these three boxes to: Check one of these two boxes: CHANG mame and/or address: Complete item 6a x 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b, and item 7c 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 citily one name (6a or 6b) 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL PLANS ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Darlene Ralph 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (48 or 7b) fuse exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX 7c. MAILING ADDRESS STATE POSTAT JO COUNTRY USA DELETE collateral RESTATE covered collateral ASSIGN collateral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral New garage materials and construction Ralph E Lewis Darlene Lewis 10836 S Union Ave Chicago, IL 60628-3116 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 Foundation Finance Company LLC 9b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME

10. OPTIONAL FILER REFERENCE DATA: Debtor: Lewis, Ralph E-: 1-197779-1

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2117657012 Page: 2 of 2

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FOLLOW INSTRUCTIONS	:NI ADDENDUM		
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a 1620818053 07/26/2016	on Amendment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as iter	m 9 on Amendment form		
12a. ORGANIZATION'S NAME	19		
Foundation Finance Company LLC			
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INIT: AL (S)	SUFFIX		
		THE ABOVE SPACE IS FOR FILING OFFICE U	
<ol> <li>Name of DEBTOR on related financing state nent (Name of a current one Debtor name (13a or 13b) (use exact, full nume do not omit, modify, or a</li> </ol>			13): Provide onl
13a. ORGANIZATION'S NAME			
OR 13b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		1	
15. This FINANCING STATEMENT AMENDMENT:	To Description, or		
	COMPAN ROSELAI TRUSTER TOWNSH THIRD PR COUNTY APN:25-1 PROPER	PERSON TO SENT	SCHOOL FTHE
18. MISCELLANEOUS:		·	