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### **UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS		Doc# 2119545017 Fee \$93.00
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional)		KAREN A. YARBROUGH
uccfilingreturn@wolterskluwer.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	24449 - CITIMORTGAGE,	COOK COUNTY CLERK
		DATÉ: 07/14/2021 12:01 PM PG: 1 OF 3
Lien Solutions P.O. Box 29071	81107611	
Glendale, CA 91209-9071		the state of the same and the same of the
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	FIXTURE	
File with: Cook, IL		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMEN FILE NUMBER	. (1) 	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]
1627118112 9/27/2016 CC J. Crok	3	(or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 1:
	t identified above is terminated wit	h respect to the security interest(s) of Secured Party authorizing this Termination
Statement	<u>*:</u> .	
ASSIGNMENT (full or partial): Provide name cf assignee     For partial assignment, complete items 7 and 9 and all of		
		the security interest(s) of Secured Party authorizing this Continuation Statement is
continued for the additional period provided by applicable	law , i.	
5. PARTY INFORMATION CHANGE:		
Check one of these two boxes:	AND Check rie of these three bo	
This Change affects Debtor or Secured Party of record	CHANGE name and/or litem 6a or 6b; and item	7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Info	rmation Change - provide only cn	e name (6a or 6b)
6a. ORGANIZATION'S NAME		),
OR CLANDWOLLD SUBMANT	Leiber acono.	LABOTIONAL NAME (CUBITALIC) CUETIV
66. INDIVIDUAL'S SURNAME GOING	FIRST PERSON MICHAEL	
	<u> </u>	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment: 7a. ORGANIZATION'S NAME	or Party Information Change - provide only	one name ("Jor7b) (use exact, full name; do not omit, moddy, or abbreviate any part of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME		
	17	7
INDIVIDUAL'S FIRST PERSONAL NAME	<del>.</del>	0
	21.4	0.
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)		SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL (OD) COUNTRY
8. COLLATERAL CHANGE: Also check one of these fou	ur boxes: ADD collateral	DELETE collateral RESTATE covered collateral ASSIGN collater
Indicate collateral:		
* A	₹** <del>*</del>	
and the state of t		

9a. ORGANIZATION'S NAME

CITIBANK, N.A.

9b. INDIVIDUAL'S SURNAME

ADDITIONAL NAME(SYINITIAL(S) SUFFIX

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)

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: GOING, MICHAEL PATRICK

If this is an Amendment authorized by a DEBTOR, check here | | | and provide name of authorizing Debtor

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	C FINANCING STA LOW INSTRUCTIONS	TEMENT AMENDMEN	I ADL	PENDUM		
•		FILE NUMBER: Same as item 1a on Ar	nendment	form	7	
	27118112 9/27/2016 CC	1				
12,	NAME OF PARTY AUTHORIZING	THIS AMENDMENT: Same as item 9 o	n Amendn	nent form		
	12a. ORGANIZATION'S NAME CITIBANK, N.A.	CITIBANK, N.A.				
					]	
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 finar	ncing statement, Name of a current Debt	or of recor	d required for indexing	g purposes only in some filing offices - see Instruction item	
		se exact, full name, do not omit, modify,	or abbrevia	ate any part of the Deb	otor's name); see Instructions if name does not fit	
	13a. ORGANIZATION'S NAME	On				
OR	13b. INDIVIDUAL'S SURNAME GOING			T PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S) PATRICK	SUFFIX
14.	ADDITIONAL SPACE FOR ITEM	8 (Collateral):	)		I	
Deb	otor Name and Address:		0/			
		708 MACLEAN AVE , KENILWO - 708 MACLEAN AVE , KENILW				
Sec	cured Party Name and Addre	ess:				
CH	IBANK, N.A 1000 Techno	logy Drive , O'Fallon, MO 63368	5		L C/O/T	
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		And the strategic			C	
			*		- Telle	
15.	This FINANCING STATEMENT AF			I	otion of real estate:	
		covers as-extracted collateral X is fil		ture filing 1209	N. ASTOR STREET, APT. 7S	
	Name and address of a RECORD (if Debtor does not have a record in	OWNER of real estate described in item nterest):	in.	CHIC	AGO, IL 60610	
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				17-03	-113-003-0000	
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18.	MISCELLANEOUS: 81107611-1L-31	1	TĮBANK, N.	Α.	File with: Cook, IL	
		The second second	1			

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#### LEGAL DESCRIPTION

Leasehold Estate as defined in the conditions of the ALTA Leasehold Policy, created by the instrument herein referred to as the lease, said lease executed and acknowledge by and between 1209 Astor Corporation and Mark Solovy and Michal Solovy lesee over the land described as follows:

Apartment 7S of the building commonly known as 1209 N Astor Chicago, IL which is located of the ollowing described real estate

Lots 10 11 and 12 (except the South 15.88 feet of said Lot 12) in Block 9 in H. O. Stones subdivision of Astor's addition to Chicago in the North fractional 1/2 of Section 3, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Address commonly known as: OOF COUNTY CLOTH'S OFFICE 1209 N. Astor Street, Apr. 7S Chicago, IL 60610

PIN#: 17-03-113-003-0000