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| UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS | *2123501130* |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 | Doc# 2123501130 Fee \$93.00 |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com | RHSP FEE:\$9.00 RPRF FEE: \$1.00 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | KAREN A. YARBROUGH |
| l <u> </u> | COOK COUNTY CLERK |
| 2169 80797 | DATE: 08/23/2021 03:24 PM PG: 1 OF 3 |
| CSC 801 Adlai Stevenson Drive | DHIE: 08/23/2021 03:24 PM PG: 1 OF 3 |
| Springfield, IL 62703 Filed In: Illing | is |
| (Coo | k) |
| | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |
| 1a. INITIAL FINANCING STATEMENT FILEN IMBER 0630322093 10/30/2006 | 1 b. 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. TERMINATION: Effectiveness of the Financia Statement identified above is termin Statement | ated with respect to the security interest(s) of Secured Party authorizing this Termination |
| ASSIGNMENT (full or partial): Provide name of As (19) se in item 7a or 7b, and addition partial assignment, complete items 7 and 9 and (1so in Cate affected collateral in the complete items 7. | |
| | spect to the security interest(s) of Secured Party authorizing this Continuation Statement is |
| 5. PARTY INFORMATION CHANGE: | <u>. </u> |
| Check one of these two hoxes: AND Check one of these two hoxes: | |
| — — — — CHAN'or namé à | nd/or address: Complete Hem 7a or 7b and item 7c ADD name: Complete item Ta or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - pr. vide | ouly one name (6a or 6b) |
| 69. ORGANIZATION'S NAMERAWLINGS RONALD F. | 0, |
| OR 6b, INDIVIDUAL'S SURNAME . FIRST PE | RSONAL NAME (S)/INITIAL(S) SUFFIX |
| , | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - | provide only one name (ta or 7b) tree exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) |
| 7a. ORGANIZATION'S NAME Community Loan Servicing, LLC, f/k/a | |
| Community Zour Corviolity, 220, 111 | Bayview Loan Gervicing, LLC |
| 00 | Bayview Loan Gervicing, LLC |
| OR 76. INDIVIDUAL'S SURNAME | Bayview Loan Gervicing, LLC |
| OR 7b. INDIVIDUAL'S SURNAME | Bayview Loan Gervicing, LLC |
| 00 | Bayview Loan Gervicing, LLC |
| OR 76. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME | TS O |
| OR 7b. INDIVIDUAL'S SURNAME | Bayview Loan Gervicing, LLC |
| OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 4425 Pance De Leon Blvd 5th Floor CITY | TS O |
| OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 4425 Ponce De Leon Blvd., 5th Floor Coral | SUFFIX STATE POSTAL COE COUNTRY USA |
| OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 4425 Ponce De Leon Blvd., 5th Floor Coral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral | SUFFIX STATE POSTAL CODE COUNTRY |
| OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 4425 Ponce De Leon Blvd., 5th Floor Coral | SUFFIX STATE POSTAL COE COUNTRY USA |
| OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 4425 Ponce De Leon Blvd., 5th Floor City Coral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral | SUFFIX STATE POSTAL COE COUNTRY USA |
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| OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 4425 Ponce De Leon Blvd., 5th Floor Coral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDME If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR, check here are also provide name of authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR. | SUFFIX Gables STATE POSTAL COF COUNTRY USA DELETE collateral RESTATE covered collateral RESTATE covered collateral SUFFIX VSA VSA VSA VSA VSA VSA VSA VS |
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| UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS | T ADDENDUM | | |
|---|----------------------------|--------------------------------------|-------------------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on A 0630322093 10/30/2006 | mendment form | | |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 or | on Amendment form | | |
| 128. ORGANIZATION'S NAME BAYVIEW LOAN SERVICING, LLC | , f | | |
| | | | |
| OR 12b. INDIVIDUAL'S SURNAME | | | ٠ |
| FIRST PERSONAL NAME | | | |
| ADDITIONAL NAME(S)/INITULITY, | SUFFIX | | |
| 42 Name of DEDTOD as saleded feature of the cost (Name of a surrey) Poly | | THE ABOVE SPACE IS FOR FILING OFFICE | |
| Name of DEBTOR on related financing statement (Name of a current Debone Debtor name (13a or 13b) (use exact, full name; Jo not omit, modify, or abbraichte. | | | 13): Provide only |
| 13a. ORGANIZATION'S NAME | | | |
| OR 13b. INDIVIDUAL'S SURNAME RAWLINGS | FIRST PERSONAL NAME RONALD | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| RONALD F RAWLINGS SECURE PARTY BAYVIEW LOAN SERVICING, LLC 15. This Financing Statement amendment: | 1 | TACHED | |
| covers timber to be cut covers as-extracted collateral is filed a 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): | s a fixture filing | 32-325-029-0000 | |
| | i | | |
| | | | |
| 18. MISCELLANEOUS: | | | |

2123501130 Page: 3 of 3

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EXHIBIT "A"

Legal Description:

Lots 24, 25, 26 and 27 In Block 4 in Charles E. Piper's Subdivision of the South half of the Northeast 1/4 of the Southwest 1/4 of the Southwest 1/4 and the east 1/2 of the Southwest 1/4 of the Southwest 1/4 of the Southwest 1/4 and the Southwest 1/4 of the Third Principal Meridian in Cook County Illinois

COOK COUNTY CLERK OFFICE RECORDING DIVISION 118 N. CLARK ST., ROOM 120 CHICAGO, IL 606U2-1387

COOK COUNTY CLERK OFFICE RECORDING DIVISION 118 N. CLARK ST. ROOM 120 CHICAGO, IL 60602-1387

> COOK COUNTY CLERK OFFICE RECORDING DIVISION 118 N. CLARK ST. ROOM 120 CHICAGO, IL 60602-1387