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UCC FINANCING STATEMENT AMENDMENT IDoc# 2127941072 Fee \$93.00 **FOLLOW INSTRUCTIONS** !RHSP FEE:\$9.00 RPRF FEE: \$1.00 A. NAME & PHONE OF CONTACT AT FILER (optional) IKAREN A. YARBROUGH B. E-MAIL CONTACT AT FILER (optional) ICOOK COUNTY CLERK DATE: 10/06/2021 01:50 PM PG: 1 OF 3 C. SEND ACKNOWLEDGMENT TO: (Name and Address) A.S.B. PROPERTIES LLC 6624 N NAVAJO AVE LINCOLNWOOD, IL 60712 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) 1a. INITIAL FINANCING STATEMENT of a CUMBER (or recorded) in the REAL ESTATE RECORDS 0507312072 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement 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 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 lav 5. PARTY INFORMATION CHANGE: AND Chec on of hese three boxes to: Check one of these two boxes: CHAN' Chame and/or address: Complete item 6a ir 6b; and item 7a or 7b and item 7c ADD name: Complete item 7a or 7b, and item 7c DELETE name: Give record name This Change affects Debtor or Secured Party of record to be deleted in item 6a or 6b 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - pr wide c lty one name (6a or 6b) 6a. ORGANIZATION'S NAME A. S. B. PROPERTIES LLC, AN ILLINOIS LIABULITY COMPANY 6b. INDIVIDUAL'S SURNAME FIRST PERSON: LN ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one nam (ra or 7b) (use 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(S)/INITIAL(S) SUFFIX OSTAL JONE 7c. MAILING ADDRESS STATE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral Indicate collateral 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

FIRST PERSONAL NAME

10, OPTIONAL FILER REFERENCE DATA:

A. S. B. PROPERTIES LLC

9b. INDIVIDUAL'S SURNAME

ADDITIONAL NAME(S)/INITIAL(S)

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UCC FINANCING STATE		1					
9. NAME OF FIRST DEBTOR (1a or 1	<u> </u>	ATEMENT					
9a. ORGANIZATION'S NAME							
A.S.B. PROPERTIES							
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX					
10. MISCELLANEOUS:	'						
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	Q		THE ABOVE SP	ACE!	S FOR FILING OFFI	CE USE ONLY	
11. ADDITIONAL DEBTOR'S EXACT	FULL LF SAL NAME - insert only one	name (11a or 11b) - do not abbre	viate or combine names			·	
TTAL ORGANIZATIONS NAME							
OR 116. INDIVIDUAL'S LAST NAME	Ox	FIRST NAME	MI	MIDDLE NAME			
11c. MAILING ADDRESS		CITY	ST	TATE	POSTAL CODE	COUNTRY	
11d, SEE INSTRUCTIONS ADD'L INFO	RE 11e. TYPE OF ORGANIZATION	11. JURISDICTION OF ORGA	MIZATION 11	a OPC	ANIZATIONAL ID #, if a		
ORGANIZAT DEBTOR	ION	1 11. JURISDICTION OF ORGA	(NIZATION 11)	y. ORG	ANIZATIONAL ID #, II B	II) Dinoni	
12. ADDITIONAL SECURED PAR	TY'S or ASSIGNOR S/P'S	NA IE - insert only one name	(12a or 12b)		•		
12a, ORGANIZATION'S NAME		0,					
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MI	IDDLÉ I	NAME	SUFFIX		
		17,					
12c. MAILING ADDRESS		CITY	ST	TATE	POSTAL CODE	COUNTRY	
	, 	4C Additional calledonal decard					
13. This FINANCING STATEMENT covers collateral, or is filed as a fixture filing.	timber to be cut oras-extracted	16. Additional collateral descri	ption:				
14. Description of real estate:			1/4				
PARCEL 1:			•	0			
LOT 8 (EXCEPT THE SOUTH 7 FOR WIDENING OF DEVON AVE	FEET THEREOF TAKEN	ļ		o			
ESTATE PARTITION, BEING A	SUBDIVISION OF SOUTH				1		
1/2 OF SOUTHWEST 1/4 OF SE NORTH, RANGE 13, EAST OF	CTION 35, TOWNSHIP 41 THE THIRD PRINCIPAL	•			OFFICE		
MERIDIAN, IN COOK COUNTY, I							
PARCEL 2:					CA		
	,						
			F				
 Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest): 							
		17. Check only if applicable ar	nd check <u>only</u> one box.				
		Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate					
	18. Check only if applicable and check only one box,						
	•	Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufactured-Home Transaction - effective 30 years					
		Filed in connection with a P	ublic-Finance Transaction	n - effec	ave su years		

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UCC FINANCING STATEMEN FOLLOW INSTRUCTIONS (front and back) CAR		•				
9. NAME OF FIRST DEBTOR (1a or 1b) ON R		TEMENT				
9a. ORGANIZATION'S NAME	AND IN A DIOLOGIA	II (ICIO)				
OR A.S.B. PROPERTIES LLC	, AN ILLINOIS L	IMITED MIDDLE NAME, SUFFIX				
SU. INDIVIDUALS CAST NAME	INST NAME	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS:						
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70			THE A DOVE COAC		10E 110E 0111 V	
11. ADDITIONAL DEBTOR'S EXACT FULL	GAL NAME - insert only one n	name (11a or 11b) - do not abbrevi		E IS FOR FILING OFF	ICE USE ONLY	
11a. ORGANIZATION'S NAME		and (red of 11b) of tot abbitoti	The state of the s			
OR						
11b. INDIVIDUAL'S LAST NAME	O)r	FIRST NAME	MIDD	E NAME	SUFFIX	
11c, MAILING ADDRESS		CITY	STAT	POSTAL CODE	COUNTRY	
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11d. SEE INSTRUCTIONS ADD'L INFO RE 11e, ORGANIZATION OEBTOR	TYPE OF ORGANIZATION	rt, JURISDICTION OF ORGAN	IIZATION 11g. C	PRGANIZATIONAL ID #, if		
12. ADDITIONAL SECURED PARTY'S	ASSIGNOR S/P'S	NA AE - in sert only one name (12a or 12h)		NONE	
12a. ORGANIZATION'S NAME	<u></u>	THE RESIDENCE TO THE RESIDENCE	120 01 120,			
OR						
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		
12c. MAILING ADDRESS		CITY		POSTAL CODE	COUNTRY	
			STATI	000000000000000000000000000000000000000	000,4,4,4	
13. This FINANCING STATEMENT covers timber to	be cut or as-extracted	16, Additional collateral descript	ion:			
collateral, or is filed as a fixture filing. 14. Description of real estate:			ion: O			
LOTS 1, 2, 3 AND 4 IN BLOCK 1 IN O	LIVER SALINGER		T'			
AND CO'S SEVENTH KIMBALL BOULE	VARD ADDITION		S			
TO NORTH EDGEWATER, BEING A SUR NORTHEAST FRACTIONAL QUARTE						
NORTHWEST FRACTIONAL QUARTER TOWNSHIP 40 NORTH, RANGE 13, EAS		,		///		
PRINCIPAL MERIDIAN, LYING NORTH	AND SOUTH OF			Office	•	
INDIAN BOUNDARY LINE, IN COOK CO	•	00		9		
PIN: 10-35-33	3 - 001 - 00					
13-02-10	6-044-(0000				
Address: 3601 W						
Chilas	0 IL 6065	5				
 Name and address of a RECORD OWNER of above-of Debtor does not have a record interest): 	escribed real estate (if	•				
Pentor does not have a record interesty:	·					
3650 W Dec	יט נ	17. Check only if applicable and	check <u>only</u> one box.			
	Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate					
Lincohn Shire	- 17 /	18. Check only if applicable and	_ ,			
•	60712	Debtor is a TRANSMITTING (and adding 00 and a		
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