

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS			·
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 8	18-662-4141 Doc# 220	*2207640027 Fee \$93.00	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com		9.00 RPRF FEE: \$1.00	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 22934 - HOME			
Lien Solutions 85338 P.O. Box 29071 Glendale, CA 91209-9071 LIL	141 COOK COUNT	Y CLERK 7/2022 11:32 AM PG: 1 0	F 3
FIXTU	}	ACE IS FOR FILING OFFICE US	SE ONLY
1a, INITIAL FINANCING STATEMEN' FILE NUMBER 2133321566 11/29/2021 CG 'Z Cook	1b. This FINANCING STATI	MENT AMENDMENT is to be filed [fo	or record)
TERMINATION: Effectiveness of the Financing Statement identified above is Statement			
ASSIGNMENT (full or partial): Provide name of F sugnee in item 7a or 7b, an For partial assignment, complete items 7 and 9 and also indicate affected co	d address of Assignee in item 7c and name of allateral in item 8	Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Stateme a identified above continued for the additional period provided by applicable law	with respect to the security interest(s) of Secure	d Party authorizing this Continuation 5	Statement is
Change			Give record name
This Change affects Debtor or Secured Party of record item 60 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - p		and item 7c to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAME	<u> </u>		
OR 65. INDIVIDUAL'S SURNAME WALKER	FIRST PERSONAL (A) E ALLEN	ADDITIONAL NAME(SYINITIAL(S)	Give record name item 6a or 6b SUFFIX e Debtor's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Char 7a. ORGANIZATION'S NAME	nge - provide only one name (75 a /b) (use exact, full name	e; do not omit, modify, or abbreviate any part of th	e Debtor's name)
OR 75. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME		S	=
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)		O/Sc.	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL COUP	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD Indicate collateral:	collateral DELETE collateral DELETE	RESTATE covered collateral	ASSIGN collateral
			0 N
			5 <u>/\</u>
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEI If this is an Amendment authorized by a DEBTOR, check here and provide na	NDMENT: Provide only <u>one</u> name (9a or 9b) (r	name of Assignor, if this is an Assignme	ent) S Y
9a. ORGANIZATION'S NAME Home Loan Investment Bank, FSB	and or additionizing Debtor		- O
OR SP. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX INITQ.
		1	

9820335628

9820335628

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: WALKER, ALLEN

85338141

2207640027 Page: 2 of 3

UNOFFICIAL COPY

FOLLOW INSTRUCTIONS	DDENDUM			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendr				
2133321566 11/29/2021 CC IL Cook				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ame 12a. ORGANIZATION'S NAME				
Home Loan Investment Bank, FSB	:			
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(SYINITIAL())	SUFFIX	THE 4 DOME OF	34 45 14 500 FW WO OFFICE U.S.	- 0.11 V
13. Name of DEBTOR on related financing states and (Name of a current Debtor of a	record required for indexing	purposes only in some	PACE IS FOR FILING OFFICE US filing offices - see Instruction item	
one Debtor name (13a or 13b) (use exact, full name), do not omit, modify, or abb	previate any part of the Debti	or's name); see Instruc	ctions if name does not fit	
OR OR				
13b. INDIVIDUAL'S SURNAME WALKER	FIRST PERSONAL NAME ALLEN		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): Debtor Name and Address:		· · · · · ·	A 18	1
WALKER, ALLEN - 20850 BROOKSIDE BLVD , OLYMPIA FIELDS	1 60461			
WALKER, DONNA - 20850 BROOKSDIE BLVD , 60461, IL	'			
Secured Party Name and Address: Home Loan Investment Bank, FSB - One Home Loan Plaza , Warwic	ck, RI 02/86			
	45	Clary		
	1//			
		()		
		(0)		
		'4	/	
		, (7,	
			Office	
			175	
			· C	
			C)	
15. This FINANCING STATEMENT AMENDMENT:	1	on of real estate:		
covers timber to be cut covers as-extracted collateral is filed as 16. Name and address of a RECORD OWNER of real estate described in item 17			DESCRIBED REA	
(if Debtor does not have a record interest):			ED IN THE COUNT	
	COOK	, STATE OF	FILLINOIS TO WIT	;
	LOT 1	4 IN MAYNE	GAITE UNIT NUM	IBER 4.
			DIVISION OF PART	•
	NORT	HEAST 1/4	OF SECTION 23,	
			ORTH, RANGE 13	
	THE T	HIRD PRIN	CIPAL MERIDIAN,	IN COOK
	[See Exi	nibit for Real Esta	ate]	
18. MISCELLANEOUS: 85338141-IL-31 22934 - HOME LOAN & INVESTME Home Lo	an Investment Bank, FSB	File with: Cook, IL 9	820335628 9820335628	

2207640027 Page: 3 of 3

UNOFFICIAL COPY

Debtor: WALKER, ALLEN

Exhibit for Real Estate

17. Description of real estate:

Continued

COUNTY, ILLINOIS.

SUBJECT TO: GENERAL REAL ESTATE TAXES NOT YET DUE OR PAYABLE, ANY SPECIAL ASSESSMENTS NO YET DUE OR PAYABLE: BUILDING, BUILDING LINE AND USE OR OCCUPANCY RESTRICTIONS, CONDITIONS AND COVENANTS OF RECORD; ZONING LAWS AND ORDINANCES, EASEMENTS FOR PUBLIC UTILITIES: DRAINAGE DITCHES, FEEDERS AND DRAIN TILE, PIPE OR OTHER CONDUIT AND ALL OTHER MATTERS OF RECORD AFFECTING THE PROPERTY.

BEING THE SAME PREMISES CONVEYED IN DEED DATED 08/08/2018 AND RECORDED 09/20/2018 AT INSTRUMENT 1826355092

PROPERTY ADDRESS: 20850 BROOKS 15 E BLVD... 750 OLYMPIA FIELDS, ILLINOIS 60461

PARCEL ID: 31-23-202-038-0000

Parcel ID:

31-23-202-038-0000