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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone; 800-331-3282 Fax: 818-662-4141				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	·			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	15715 - Bank Financial -			
Lien Solutions P.O. Box 29071	87634087			
Glendale, CA 91209-9071	ILIL			
File with: Cook, IL				

2220116910

Doc# 2220116010 Fee \$93.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH COOK COUNTY CLERK

DATE: 07/20/2022 12:03 PM PG:

O. SEND ACKNOWLEDGINENT TO. (Maine and Ad	15715 - Bank F	Financial -		Pd. 1 0F 3
Lien Solutions	876340	087		
P.O. Box 29071 Glendale, CA 91209-9071	ILIL	·		
	ILIL	,		
File with: Cook, IL		THE AR	OVE SPACE IS FOR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCI	NG STATEMENT AMENDMENT is to be filed (
0722917092 8/17/2007 CC / Cook		Filer: attach An	in the REAL ESTATE RECORDS pendment Addendum (Form UCC3Ad) and provide Deb	
TERMINATION: Effectiveness of the Financing St Statement	atement identified above is	terminated with respect to the securit	y interest(s) of Secured Party authorizing this T	ermination
ASSIGNMENT (full or partial): Provide name of As For partial assignment, complete items 7 and 9 and	signed in item 7a or 7b, and also indicate affected col	d address of Assignee in item 7c and lateral in item 8	name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing S continued for the additional period provided by appropriate the second s		with respect to the security interest(s)	of Secured Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:	0			
Check one of these two boxes:	CHAN's	f ∕liese three boxes to: ≣name and/or address: Complete	ADD name: Complete item DELETE name	e: Give record name
This Change affects Debtor or Secured Party of 6. CURRENT RECORD INFORMATION: Complete for P.	record 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
6a. ORGANIZATION'S NAME	any information Change - p	rovi e only <u>one</u> name (6a or 6n)		
OR COMPANY OF THE PROPERTY OF				
66. INDIVIDUAL'S SURNAME HODGES		FIRST PERSONAL (AMI) DEWEY	ADDITIONAL NAME(SYMITIAL(S) A.	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for As	signment or Party Information Chan			the Debtor's name)
7a. ORGANIZATION'S NAME		C	/	<u>, , , , , , , , , , , , , , , , , , , </u>
OR 76. INDIVIDUAL'S SURNAME				
76. INDIVIDUAL'S SURNAME			74,	
INDIVIOUAL'S FIRST PERSONAL NAME			5	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
,,,,,,,				
7c, MAILING ADDRESS		CITY	STATE POSTAL COJE	COUNTRY
8. COLLATERAL CHANGE: Also check one of the	nese four boxes: ADD	collateral DELETÉ collatera	RESTATE covered collateral	ASSIGN collateral
Indicate collateral: Property located at 4111 Lindenwood Drive, M	latteson II 60443 PIN	I#- 31-22-207-017-0000		5
Troporty located at 1717 Emidenwood Enve, in	attoon, 12 00440, 1 11	(iii, 01 22 207 017 0000		P 0
				S /
				SCI
				30 X
A NAME OF SECURED BARTY OF BECORD A	ITHORIZING THE AME	UDAENT. Provide only one name (Do or Oh) (name of Assigner if this is an Assigner	
NAME OF SECURED PARTY OF RECORD At If this is an Amendment authorized by a DEBTOR, chec	_	nme of authorizing Debtor	ea or ed) (name of Assignor, it this is an Assigni	nent)
95. ORGANIZATION'S NAME RANKEINANCIAL ES R				
OR BANKFINANCIAL, F.S.B. OR 9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
SS. INDIVIDUAL O GOLDANIE		THE PERSON OF TH	noonia inniajojim inajoj	00.716
10. OPTIONAL FILER REFERENCE DATA: Debtor N	lame: HODGES, DEW	EY A.		<u> </u>
	1902027127		137-688/190202712	27

2220116010 Page: 2 of 3

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FOLLOW INSTRUCTIONS	II ADDENDUM			
11, INITIAL FINANCING STATEMENT FILE NUMBER; Same as item 1a on A	Amendment form	7		
0722917092 8/17/2007 CC IL Cook				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9	on Amendment form	7		
12a, ORGANIZATION'S NAME		7		
BANKFINANCIAL, F.S.B.		_		
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(SYINITIAL'S)	SUFFIX			
100		THE ABOVE SPACE	CE IS FOR FILING OFFICE US	E ONLY
13. Name of DEBTOR on related financing stateman, (Name of a current Debtor name (13a or 13b) (use exact, full mamin, do not omit, modify,	otor of record required for inde	xing purposes only in some fill	ing offices - see Instruction item	13): Provide onl
13a. ORGANIZATION'S NAME	, or abbreviate any part of the	Debitor's Hamey, see instruction	ns it righte does not it	
Ox				
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		DITIONAL NAME(SYINITIAL(S)	SUFFIX
HODGES 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):	DEWEY	A		
BANKFINANCIAL, F.S.B 15W060 NORTH FRONTAGE ROA	17. De:	L C/O/H'S	Orfice	
covers timber to be cut covers as-extracted collateral is 16. Name and address of a RECORD OWNER of real estate described in ite (if Debtor does not have a record interest):	filed as a fixture filing m 17			
18. MISCELLANEOUS; 87634087-IL-31 15715 - Bank Financial - Mai	BANKFINANCIAL, F.S.B.	File with: Cook, IL 137	r-688/1902027127 137-688/190202	77127

35293952

31-22-207-017 pp

LOT &B IN THE RESUBDIVISION OF LOTS 5 TO 7 IN MATTESON HIGHLANDS IN TO NUMBER 1, BEING A SUBDIVISION OF THE SOUTH 1850 FEET OF THE NORTHEAST 1/4 OF SECTION 22, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE SOUTH 250 FEET OF THE EAST 475 FEET AND EXCEPT MATTESON HIGHLANDS SUBDIVISION AS PER PLAT THEREOF RECORDED JULY 6, 1962 AS DOCUMENT NUMBER 18525670) IN COOK COUNTY, ILLINOIS.

Of County (

"EXHIBIT A"

e 2 5 A, 2 6 2 5