

#### **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)



Doc# 2230449001 Fee \$60.00

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

KAREN A. YARBROUGH

| C. SEND ACKNOWLEDGMENT TO: (Name and A   | Address) 20139 - HINSDALE BANK                                 | COOK COUNT                                       |                               |                                      |                      |
|--|--|--|-------------------------------|--------------------------------------|----------------------|
| Lien Solutions   | 89344726   | DATE: 10/3                                       | 1/2022 09                     | ):31 AM PG: 1                        | 0F 3                 |
| P.O. Box 29071   | 09544720   |  |                               |                                      |                      |
| Glendale, CA 91209-9071  | ILIL   |  |                               |                                      |                      |
| _  | FIXTURE  |  |                               |                                      |                      |
|  | TIXTORE  |  |                               |                                      |                      |
| File with: Cook, IL  |  | THE ABOVE SPA                                    | CE IS FOR                     | FILING OFFICE US                     | SE ONLY              |
| 1a. INITIAL FINANCING STATEMENT (ILE NUMBER 1309917013 4/9/2013 CC IL COOK   | 15.  | This FINANCING STATE<br>(or recorded) in the REA |                               |                                      | or record]           |
| 1309917013 4/9/2013 CC IE C500   |  | Filer: attach Amendment Add                      |                               |                                      | or's name in item 13 |
| <ol> <li>TERMINATION: Effectiveness of the Fin Incir g S<br/>Statement</li> </ol>  | Statement identified above is terminated with res              | pect to the security interest(s                  | ) of Secured I                | Party authorizing this To            | ermination           |
| <ol> <li>ASSIGNMENT (full or partial): Provide name of A<br/>For partial assignment, complete items 7 and 9 g</li> </ol> |  | nee in item 7c and name of A                     | ssignor in iter               | m 9                                  |                      |
| CONTINUATION: Effectiveness of the Financing continued for the additional period provided by a                           | Statement centified above with respect to the specificable law | ecurity interest(s) of Secured                   | Party author                  | izing this Continuation              | Statement is         |
| 5. PARTY INFORMATION CHANGE:   |  |  |                               |                                      |                      |
| Check one of these two boxes:  | AND Check care of these three boxes to                         |  |                               |                                      |                      |
| This Change affects Debtor or Secured Party  | of record CH/ NGF, or me and/or addre                          | ss: Complete ADD nam                             | ne: Complete i<br>and item 7c | tem DELETE name.                     | : Give record name   |
| 6. CURRENT RECORD INFORMATION: Complete for  | Party Information Change - provide cuty one nar                | ne (6a or 6b)                                    |                               |                                      |                      |
| 6a. ORGANIZATION'S NAME  |  |  |                               |                                      | <del></del>          |
|  |  | ,  |                               |                                      |                      |
| OR 66, INDIVIDUAL'S SURNAME  | FIRST PERSONAL NA  | MF   | ADDITIONAL                    | NAME(S)INITIAL(S)                    | SUFFIX               |
| HILL, III  | DAVID  | Ox.  | B.                            |                                      |                      |
| 7. CHANGED OR ADDED INFORMATION: Complete for J  | Assignment or Party Information Change - provide only one (    | name (7a c 7', , (use exact, full name:          | do not amit, mod              | ify, or abbreviate any part of th    | ne Debtor's name)    |
| 7a. ORGANIZATION'S NAME  |  |  |                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                      |
|  |  | し  |                               |                                      |                      |
| 7b. INDIVIDUAL'S SURNAME   |  | (Q)  |                               |                                      |                      |
|  |  |  | <b>Z</b> ,                    |                                      |                      |
| INDIVIDUAL'S FIRST PERSONAL NAME   |  |  | 5                             |                                      |                      |
| INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  |  |  |                               | ) <sub>x</sub>                       | SUFFIX               |
|  |  |  |                               | ///                                  | _                    |
| 7c. MAILING ADDRESS  | CITY   |  | STATE P                       | OSTAI COUE                           | COUNTRY              |

| 3. [ | COLLATERAL CHANGE:                       | Also check one of these four boxes:                         | ADD collateral                           | DELETE collateral | RESTATE covered collateral                 | ASSIGN collateral |
|------|--|---|--|-------------------|--|-------------------|
|      | Indicate collateral:                     |   |  |                   |  | s <u>N</u>        |
|      |  |   |  |                   |  | P 3               |
|      |  |   |  |                   |  | SYT               |
|      | this is an Amendment authorize           | TY OF RECORD AUTHORIZING THed by a DEBTOR, check here and p | IIS AMENDMENT:<br>provide name of author | · —               | or 9b) (name of Assignor, if this is an As | ssignment) INT    |
|      | 93. ORGANIZATION'S NAME<br>SUBURBAN BANK | R TRUST   |  |                   | •  |                   |
| OR   | 9b. INDIVIDUAL'S SURNAME                 |   | FIRST PERS                               | ONAL NAME         | ADDITIONAL NAME(S)INITIAL(                 | S) SUFFIX         |
|      | OPTIONAL FILER REFERENC<br>144726        | E DATA: Debtor Name: HILL, III,<br>David B. Hill III        | DAVID B.                                 |                   | 13329-1                                    |                   |

89344726

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|         | CC FINANCING STATEMENT AMENDMENT A   | ADDEND             | MU             |  |        |
|---------|--|--------------------|----------------|--|--------|
|         | NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Ameno               | dment form         |                |  |        |
| 130     | 9917013 4/9/2013 CC IL Cook  |                    |                |  |        |
| 12,     | NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Am                 | nendment form      | 1              |  |        |
|         | 12a. ORGANIZATION'S NAME<br>SUBURBAN BANK & TRUST                              |                    |                |  |        |
|         |  |                    |                |  |        |
| OR      | 12b. INDIVIDUAL'S SURNAME  |                    |                |  |        |
|         |  |                    |                |  |        |
|         | FIRST PERSONAL NAME  |                    |                |  |        |
|         | ADDITIONAL NAME(SYINITIAL(S'   | Į,                 | SUFFIX         |  |        |
| 13. I   | Name of DEBTOR on related financing staf an anti-Name of a current Debtor of   | record require     | d for indexing | THE ABOVE SPACE IS FOR FILING OFFIC<br>purposes only in some filing offices - see Instructio |        |
|         | one Debtor name (13a or 13b) (use exact, full name: do not omit, modify, or ab |                    |                |  |        |
|         | 136. UNGANIZATION S NAME   |                    |                |  |        |
| OR      | 13b. INDIVIDUAL'S SURNAME HILL, III  | FIRST PERSON       | NAL NAME       | ADDITIONAL NAME(S)/INITIAL(S   | SUFFIX |
| <u></u> | ADDITIONAL SPACE FOR ITEM 8 (Collateral):                                      |                    |                |  |        |
|         |  |                    |                | C/O/H/S O/F/CO   |        |
| 15. 1   | This FINANCING STATEMENT AMENDMENT:  | _                  | 1              | on of real estate:   |        |
|         | covers timber to be cut covers as-extracted collateral is filed as             | s a fixture filing | PTOIL          | 4 TO 40 DOTH MOUDON!   |        |
| (1      | Name and address of a RECORD OWNER of real estate described in item 17         |                    | 1              | 1 TO 10, BOTH INCLUSIVE<br>BOTH INCLUSIVE, TOGE  | •      |

David B. Hill #1 13329-1

SUBURBAN BANK & TRUST

File with: Cook, IL

18. MISCELLANEOUS: 893-14726-IL-31 20139 - HINSDALE BANK & TRUS

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Debtor: HILL, III, DAVID, B.

#### **Exhibit for Real Estate**

### 17. Description of real estate:

Continued

MERIDIAN IN COOK COUNTY, ILLINOIS.

Real Property located at 15818-15830 SOUTH ALBANY AVENUE, MARKHAM, IL 60428.

Real Property Tax Identification Numbers are:

28-13-325-001-0000, 28-13-325-002-0000,

28-13-325-003-0000, 28-13-325-004-0000,

28-13-325-005-0000, 28-13-325-006-0000,

28-13-325-007-0000 28-13-325-008-0000,

28-13-325-009-0000 23-13-325-010-0000,

28-13-325-016-0000, 2c-13-325-017-0000,

28-13-325-018-0000, 28-13-325-019-0000,

28-13-325-020-0000, 28-13-325-023-0000,

28-13-325-024-0000, 28-13-325-025-0000 &

28-13-325-041-0000.

#### Parcel ID:

28-13-325-001, -002, -003, -004, -005, -006, 007, -008, -009, -010, -016, -017, -018, -019, -020, -023, -67.4, -025, & -041