

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3:	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	14954 - GRANDBRIDGE
Lien Solutions P.O. Box 29071	90530877
Glendale, CA 91209-9071	ILIL
	FIXTURE 1

\$227 6	249011 ĕ

Doc# 2236249011 Fee \$60.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/28/2022 10:04 AM PG: 1 OF 3

a. INITIAL FINANCING STATEMENT FILE NUMBER 235501033 12/20/2012 CC 1/2 Cook	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]
	files attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item
TERMINATION: Effectiveness of the Fi arc ng Statement identified above is terminated with Statement	respect to the security interest(s) of Secured Party authorizing this Termination
ASSIGNMENT (full or partial): Provide name of A signee in item 7a or 7b, and address of Ass For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8	
CONTINUATION: Effectiveness of the Financing Statemen, identified above with respect to the continued for the additional period provided by applicable law	he security interest(s) of Secured Party authorizing this Continuation Statement is
PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record AND Check one of these two boxes: Check one of these two boxes: This Change affects Debtor or Secured Party of record litem be 2. Cb; and item 7a	
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide unly vne	name (6a or 6b)
6a. ORGANIZATION'S NAME CMR LIMITED PARTNERSHIP	
6b. INDIVIDUAL'S SURNAME FIRST PERSON.	ADDITIONAL NAME(SYINITIAL(S) SUFFIX
. CHANGED OR ADDED INFORMATION; Complete for Assignment or Party Information Change - provide only on	ne name (72 ^ 70) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)
7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S SURNAME	C _A
	74,
INDIVIDUAL'S FIRST PERSONAL NAME	'S
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
c. MAILING ADDRESS CITY	STATE POST/LFUZE COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral:	DELETÉ collateral RESTATE covered collateral ASSIGN colla
ee attached Ex B.	P 3
	S
	SC!
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Prov	wide only one name (9a or 9b) (name of Assignor, if this is an Assignment) 1 1
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing a ORGANIZATION'S NAME	

FIRST PERSONAL NAME

ADDITIONAL NAME(SYINITIAL(S)

John Hancock

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: CMR LIMITED PARTNERSHIP

330151669

9b. INDIVIDUAL'S SURNAME

90530877

2236249011 Page: 2 of 3

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NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment for 35501033 12/20/2012 CC IL Cook	n			
NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment	f			
12a. ORGANIZATION'S NAME	torm			
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)				
12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
/ h				
ADDITIONAL NAME(SYINITIAL("))	SUFFIX	THE ABOVE	SPACE IS FOR FILING OFFICE US	E ONLY
Name of DEBTOR on related financing st. to mant (Name of a current Debtor of record re one Debtor name (13a or 13b) (use exact, rull name), do not omit, modify, or abbreviate				13): Provide a
<u> </u>	iny part of the Debt	or s name); see inst	tructions if name does not fit	
136. ORGANIZATION'S NAME CMR LIMITED PARTNERSHIP				
()	ERSONAL NAME		ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
T) , DEERFIELD	IL 60015		
R LIMITED PARTNERSHIP - 740 NORTH WAUKEGAN RD., SUITÉ 40 cured Party Name and Address: -IN HANCOCK LIFE INSURANCE COMPANY (U.S.A.) - 197 CLAREI D	ON STREET, C		1A 02116	
Cured Party Name and Address: HN HANCOCK LIFE INSURANCE COMPANY (U.S.A.) - 197 CLAREI D This FINANCING STATEMENT AMENDMENT:	ON STREET, C	ion of real estate:		
cured Party Name and Address:	ON STREET, C	-3, BOSTON, M		

JOHN HANCOCK LIFE INSURANCE

File with: Cook, IL

330151669 John Hancock

18. MISCELLANEOUS: 90530877-IL-31 14954 - GRANDBRIDGE REAL EST

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Loan No. 526913:11

EXHIBIT B

LEGAL DESCRIPTION

PARCEL 1:

LOTS 1 TO 6 AND 21 TO 26, ALL INCLUSIVE, IN BLOCK 6 IN THE SUBDIVISION OF LOTS 1

AND 2 OF BLOCK 8 IN SHEFFIELD'S ADDITION TO CHICAGO, SITUATED IN THE WEST 1/2 OF

THE SOUTH EAST 1/4 OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD

PRINCIPAL MEIST IAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

LOTS 4, 5, 6, 7, 8, 9 AND THAT PART OF LOT 3 LYING NORTH AND NORTHWESTERLY OF A LINE DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT IN THE VEST LINE OF SHEFFIELD AVENUE, 244.47 FEET SOUTH OF THE INTERSECTION OF SAID WEST LINE OF SHEFFIELD AVENUE WITH THE SOUTHWESTERLY LINE OF CLYB DUKN AVENUE THENCE WEST AT RIGHT ANGLES TO SAID WEST LINE OF SHEFFIELD AVENUE

81.58 FEET MORE OR LESS TO ITS INTERSECTION WITH A LINE DRAWN PARALLEL TO AND

164.47 FEET SOUTHEASTERLY OF THE SOUTHEAST' TRLY LINE OF WILLOW STREET AS NOW

OCCUPIED; THENCE SOUTHWESTERLY ALONG SAID FAKALLEL LINE 91.71 FEET MORE OR LESS TO

ITS INTERSECTION WITH THE NORTHEASTERLY LINE OF MARCEY STREET; ALL IN BLOCK 9 IN THE SUBDIVISION OF LOTS 1 AND 2 IN BLOCK 8 IN SHEFFIELD'S ADDITION TO CHICAGO IN

THE SOUTH 1/2 OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax Numbers: 14-32-418-002-0000

14-32-418-004-0000 14-32-420-001-0000 14-32-420-003-0000

.14-32-420-004-0000

1800 N. Clybour Chiligo, Al