

Doc#. 2316328057 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 06/12/2023 12:26 PM Pg: 1 of 3

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-33	31-3282 Fax: 818-662-4141			
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	21800 - BARRINGTON	1		
Lien Solutions P.O. Box 29071	93440226			
Glendale, CA 91209-9071	ILIL			
	FIXTURE _I			
File with: Cook, IL		THE ABOVE SPA	CE IS FOR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FUE YUMBER 2207640025 3/17/2022 CC /L C Jok		1b. This FINANCING STATE (or recorded) in the REAL Filer: attach Amendment Add	MENT AMENDMENT is to be filed [fo LESTATE RECORDS lendum (Form UCC3Ad) <u>and</u> provide Debto	or record] or's name in item 13
2. TERMINATION: Effectiveness of the Financing Statement Statement	identified above is terminated with			
ASSIGNMENT (full or partial): Provide name or Assignee i For partial assignment, complete items 7 and 9 <u>and</u> a so i	n item 7a or 7b, <u>and</u> address of As ridicate affected collateral in item 8	signee in item 7c <u>and</u> name of A	ssignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable.		ne security interest(s) of Secured	Party authorizing this Continuation S	statement is
5. PARTY INFORMATION CHANGE:	0			
Check one of these two boxes:	AND Check (ne c) three boxes CHANC _ pane and/or as	ddress: CompleteADD nam		Give record name
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Info	tem 6a o 6b; and item 7a	a or 7b <u>and</u> item 7c7a or 7b,	and item 7c to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAME	Interior charge provide only <u>one</u>	Haine (od or ob)		
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NF.ME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Downey	Jessica	171		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment of	or Party Information Change - provide only o	ne name (va or 7b) (us coct, full name;	do not omit. modify, or abbreviate any part of the	e Debtor's name)
7a. ORGANIZATION'S NAME		6/2		
OR 7b. INDIVIDUAL'S SURNAME				
		1		
INDIVIDUAL'S FIRST PERSONAL NAME			0,	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			— <u>()</u>	SUFFIX
7c. MAILING ADDRESS	ату		STATE POSTAL JOD.	COUNTRY
_			<u>Q</u>	
8. COLLATERAL CHANGE: Also check one of these fou	r boxes: ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHOR	IZING THIS AMENDMENT: Pro	vide only one name (9a or 9b) (na	ame of Assignor, if this is an Assignme	ent)
If this is an Amendment authorized by a DEBTOR, check here	and provide name of authorizing			
9a. ORGANIZATION'S NAME FTL Finance				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: [Downey, Jessica		•	<u> </u>
03/40226 Barrington -			Sean Halloran	

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11. I 220	LOW INSTRUCTIONS			
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amen 07640025 3/17/2022 CC IL Cook	dment form		
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Ar	manademant form		
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT. Same as Item 9 on Ar 12a. ORGANIZATION'S NAME	menament form		
	FTL Finance			
OR	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(\$\cdot\)	SUFFIX		
	700		THE ABOVE SPACE IS FOR FILING OFFICE US	SE ONLY
	Name of DEBTOR on related financing state in a typisme of a current Debtor of one Debtor name (13a or 13b) (use exact full name do not omit, modify, or all			n 13): Provide only
	13a. ORGANIZATION'S NAME	obleviate any part of the Debtor's ha	ane), see instructions if hame does not no	
	ISS. ORGANIZATIONS NAME			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SVINITIAL(S)	SUFFIX
	Downey	Jessica	ABBITTOTAL TAME (CHATTALE)	COLLEX
Sec	vney, Jessica - 489 W. Hillside Ave , Barrington, IL 60010 cured Party Name and Address: Erinance - 820 South Main Street, Suite 300 , St. Charles, IL 63	301		
	This FINANCING STATEMENT AMENDMENT:	17. Description of		

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Legal Description

LOT 2 OF SHORT HILLS RESUBDIVISION BEING A RESUBDIVISION OF PART OF VACATED FOREST DRIVE AND PART OF LOTS 1, 2 AND 8 OF SHORT HILLS, BEING A SUBDIVISION OF PART OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 2, TOWNSHIP 42 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED JUNE 12, 1978 AS DOCUMENT 24485511 IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS: 489 W HILLSIDE AVE, BARRINGTON, IL 60010



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