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Doc#. 2327929058 Fee: \$107.00

Karen A. Yarbrough Cook County Clerk

Date: 10/06/2023 11:08 AM Pg: 1 of 3

2661 53297

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294						
B. E-MAIL CONTACT AT SUBMITTER (optional)		- I				
SPRFiling@cscglobal.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
2661 53297 CSC						
801 Adlai Stevenson Drive	Filed In: Illinois					
Springfield, IL 62703	(Cook)					
SEE BELOW FOR SECURED BARTY CONTACT INES		THE ABOVE C	DACE IS ES	D EII ING GEEIGE HEE	OWLV	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION 1a. INITIAL FINANCING STATEMENT FILE AND AMBER		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the PEAL ESTATE PECOEDS Eiler, stack Amendment Addendum				
1406941089 03/10/2014		(or recorded) in the REA (Form UCC3Ad) and pro	FEDIALFIVE	CONDO. I liet. attacii Ameni	lment Addendum	
2. TERMINATION: Effectiveness of the Financing Streement identified a	bove is terminated with res	pect to the security interest(s) of	Secured Part(y)(ies) authorizing this Termir	nation Statement	
ASSIGNMENT: Provide name of Assignee in Item 7a or 75, and address For partial assignment, complete Items 7 and 9; check AS (IGN Collaters)						
4. CONTINUATION: Effectiveness of the Financing Statement identified additional period provided by applicable law	اه'ove with respect to the	security interest(s) of Secured Pa	ırty authorizinç	g this Continuation Statement	t is continued for the	
5. PARTY INFORMATION CHANGE:	0					
Check one of these two boxes:	heck one of these three bo		name: Compl	oto itom DELETE come	: Give record name	
This Change affects Debtor or Secured Party of record	item 6a c√6b; ar <u>±</u> item	7a or 7b <u>and</u> itém 7c7a or	7b, <u>and</u> item 7	7c DELETE name To be deleted in	item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME KPA WAG Schaumburg LI		e name (6a or 6b)				
THE STATE OF STREET STATE OF SCHOOL STATE OF STREET STATE OF STATE OF STREET STATE OF STATE O		/ .				
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL MANT	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	Information Change - provide onl	y <u>one</u> name (Ta or 7b) (use cost, full nam	e; do not omit, m	odify, or abbreviate any parl of the D	lebtor's name)	
7a. ORGANIZATION'S NAME		C/2				
OR 75. INDIVIDUAL'S SURNAME			5.4			
75.11571557125 55.111112			4,			
INDIVIDUAL'S FIRST PERSONAL NAME			10			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				750.	SUFFIX	
7c. MAILING ADDRESS	CITY		STATE	POSTAL COLE	COUNTRY	
a country of the			7			
8. COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	_	overed collateral	ASSIGN* collateral	
Indicate collateral:	*CHECK ASSIGN COLLAI ERAL	only if the assignee's power to amend the	record is limited	io certain collateral and describe the	collateral in Section 8	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TI			ame of Assign	or, if this is an Assignment)		
If this is an Amendment authorized by a DEBTOR, check here and pro 9a. ORGANIZATION'S NAME CMFG LIFE INSURANCE	vide name of authorizing (Deptor				
9b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA:						

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

I. INITIAL FINANCING STATEMENT FILE NUMBER: 1406941089 03/10/2014					
1 1000 T 1000 OU! 10/40 IT	Same as item 1a on Amen	dment form			
2. NAME OF PARTY AUTHORIZING THIS AMENDME	NT: Same as item 9 on An	nendment form			
12a. ORGANIZATION'S NAME CMFG LIFE INSURANCE COMPAN	NY				
R 12b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL N/ 4. 5					
ADDITIONAL NAME(SYINITI, L(S)		SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
B. Name of DEBTOR on related financing ctate ment (None Debtor name (13a or 13b) (use exact, full name to not			purposes only in some filing offices - see Instruction item 13): Fet: see Instructions if name does not fit	Provide only	
13a. ORGANIZATION'S NAME KPA WAG Scna		any part of the Bester of ham	of the second second in the second se		
R 13b. INDIVIDUAL'S SURNAME	O _x	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
			on of real estate: gal Description Attached		

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EXHIBIT B TO UCC-1 FINANCING STATEMENT

Debtor:

Secured Party:

KPA – WAG Schaumburg, LLC 1400 Bristol Street North, Suite 200 Newport Brach, CA 92660 CMFG Life Insurance Company c/o MEMBERS Capital Advisors, Inc. 5910 Mineral Point Road Madison, WI 53705

Description of Real Estate

The land referred to herein below is situated in the County of Cook, State of Illinois, and is described as follows:

PARCEL 1:

LOT I IN CENTRUM ROSELLE-WISE RESUBDIVISION, BEING A SUBDIVISION OF THE SOUTH 1/4 OF THE SOUTHWEST 1/4 OF SECTION 27, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED OCTOBER 7, 2011 AS DOCUMENT 1128010045, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENT FOR THE BENEFIT OF PARCEL 1 AS CPEATED BY AN EASEMENT AGREEMENT WITH COVENANTS, CONDITIONS AND RESTRICTIONS, RECORDED SEPTEMBER 23, 2010 AS DOCUMENT 1026640060 RELATING TO EASEMENTS FOR INGRESS AND EGRESS, PARKING, PUBLIC UTILITIES AND TEMPORARY CONSTRUCTION OVER AND UPON PORTIONS OF LOT 1 IN SCHAUMBURG TOWNCENTRE SUBDIVISION.

Common Address: 1180 S. Roselle Road, Schaumburg, IL 60193

PIN: 07-27-302-064-0000