

Doc#. 2401013348 Fee: \$107.00

Karen A. Yarbrough Cook County Clerk

Date: 01/10/2024 03:17 PM Pg: 1 of 2

## **UCC FINANCING STATEMENT AMENDMENT**

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Olga Yavnoshan 847-550-7300	:				
B. E-MAIL CONTACT AT SUBMITTER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
DOVENMUEHLE MORTGAGE INC. ATTN: RELEASE DEPARTMENT	7				
11 Corporate Dr. Suite 360, Lake Zuri	ch. IL 60047 ı				
SEE BELOW FOR SECURED PARTY CONTACT IN	_	Print	Reset		
1a. INITIAL FINANCING STATEMENT FILE NEABER	The state of the s	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY    D			
0325132075 filed 05/05/2003 2. TERMINATION: Effectiveness of the Financing Streement identified	above is terminated with respec	(Form UCC3Ad) and provide to the security interest(s) of Sec		tion Statement	
<u> </u>					
ASSIGNMENT: Provide name of Assignee in Item 7a or 75, and add     For partial assignment, complete Items 7 and 9; check AS (IGN Collate)	dress of Assignee in Item 7c <u>and</u> eral box in Item 8 and describe th	name of Assignor in Item 9 e affected collateral in Item 8			
4. CONTINUATION: Effectiveness of the Financing Statement ident".  additional period provided by applicable law	ed a rove with respect to the sec	urity interest(s) of Secured Party	authorizing this Continuation Statement i	s continued for the	
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:  This Change affects Debtor or Secured Party of record	Check one of these three boxes  CHAN be name and/or add  item 6a c / 6b; and them 7a d	ress: Complete ADD nam	ne: Complete item DELETE name: and item 7c to be deleted in it	Give record name	
CURRENT RECORD INFORMATION: Complete for Party Informati     6a. ORGANIZATION'S NAME		_	and term re	cin oa or ob	
	0,				
66. INDIVIDUAL'S SURNAME  CLOONAN	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)  B.	SUFFIX	
000011111	ON TIVILED	< / _	اح.		
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Par	ty Information Change - provide only one	name (Ta or 7b) (use uport, full name; de	o not omit, modify, or abbreviate any part of the Del	btor's name)	
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Par Ta. ORGANIZATION'S NAME</li> </ol>	ty Information Change - provide only <u>one</u>	name (7a or 7b) (use seet, full name; de	o not omit, modify, or abbreviate any part of the Del	btor's name)	
	ty Information Change - provide only <u>one</u>	name (ra or 7b) (usc ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o not omit, modify, or abbreviate any part of the Del	btor's name)	
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	ty Information Change - provide only <u>ons</u>	name (r a or 7b) (usc sect), full name; di	o not omit, modify, or abbreviate any part of the Del	btor's name)	
7a. ORGANIZATION'S NAME	ty Information Change - provide only <u>ons</u>	name (i d or 7b) (usc sect), full name; di	o not omit, modify, or abbreviate any part of the Del	btor's name)	
7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	ty Information Change - provide only <u>ons</u>	name (r d or 7b) (usc בייליל, full name; di	o not omit, modify, or abbreviate any part of the Del	btor's name)	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME	ty Information Change - provide only <u>one</u>	name (i d or 7b) (usc sect), full name; di	o not omit, modify, or abbreviate any part of the Del		
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		C/074	STATE POSTAL COLE	SUFFIX	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS	CITY ADD collateral	DELETE collateral	STATE POSTAL COLE	SUFFIX COUNTRY ASSIGN* collateral	
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7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Check only one box: Indicate collateral:	CITY  ADD collateral  *Check ASSIGN COLLATERAL only	DELETE collateral  f the assignee's power to amend the reco	STATE POSTAL CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN* collateral	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Check only one box: Indicate collateral:  Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING of this is an Amendment authorized by a DEBTOR, check here and page of the collateral and	CITY  ADD collateral  *Check ASSIGN COLLATERAL only	DELETE collateral  f the assignee's power to amend the reco	STATE POSTAL CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN* collateral	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Check only one box: Indicate collateral:	CITY  ADD collateral  *Check ASSIGN COLLATERAL only	DELETE collateral Reference Representation Represen	STATE POSTAL CODE  RESTATE covered collateral	SUFFIX COUNTRY ASSIGN* collateral	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Check only one box: Indicate collateral:  Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING: If this is an Amendment authorized by a DEBTOR, check here and provided	CITY  ADD collateral  *Check ASSIGN COLLATERAL only  THIS AMENDMENT: Provide provide name of authorizing Debt	DELETE collateral Reference Representation Represen	STATE POSTAL COLE  ESTATE covered collateral	SUFFIX COUNTRY ASSIGN* collateral ollateral in Section 8	

## **UNOFFICIAL COPY**

UCC FINANCING STATEMENT AMENDMENT A FOLLOW INSTRUCTIONS	DDENDUN				
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendmen 0325132075 filed 09/08/2003	nt form				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment	nent form				
12a. ORGANIZATION'S NAME BNY MELLON, N.A. *					
OR 12b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL N'A'S					
ADDITIONAL NAME(S)INITI. L(S)	SUFFIX	Print THE ABOVE SPACE	] IS FOR FILI	Rese	
13. Name of DEBTOR on related financing state in ant (Name of a current Debtor of reco		purposes only in some filing offic	es - see Instruc		
13a. ORGANIZATION'S NAME					
OR 13b. INDIVIDUAL'S SURNAME FIRST	FPERSONAL NAME	ADDITM	ONAL NAME(S)	)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITE 4 8, Collateral	) OR OT	HER INFORMATION (Pleas	e Describe)		
EDYTHE R. CLOONAN					
TAX ID: 17-03-111-005	$\mathbb{C}$				
1242 N. LAKE SHORE DRIVE, APT. 16S, 0	CHICAGO II	_,60610			
UCC3 CONTINUATION FILED 05/08/2008, D					
UCC3 AMENDMENT FILED 06/03/2009, D	OC# 09154	19051			
UCC3 CONTINUATION FILED 06/17/2013, D	OC# 13168	39090			
UCC3 CONTINUATION FILED 06/15/2018, D	OC# 18166	16072			
UCC3 CONTINUATION FILED 05/24/2023, D	OC# 23144	16015			
JAMES B. CLOONAN, TRUSTEE OF THEJAI					ATED
APRIL 15, '92 ANDEDYTHE R. CLOONAN, T	RUSTEE O	F THEEDYTHE	R. 010	ONAN	
REVOCABLE TRUST DATED APRIL 15, '92					
* S/B/M MELLON BANK, N.A. F/K/A MELLON				IONAL	
ASSOCIATION, F/K/A BOSTON SAFE DEPO	SIT AND TI	RUST COMPAN	Υ	C	
15. This FINANCING STATEMENT AMENDMENT:  covers timber to be cut covers as-extracted collateral is filled as a fixture.	ن محن	on of real estate:	e e'ni le	SUBDIVIS	SION
16. Name and address of a RECORD OWNER of real estate described in item 17		E SOUTH 25 FE			
(if Debtor does not have a record interest):		ORTH 36 FEET			
		STONE'S SUB			
		ION TO CHICA			
		SHORE DRIVE)			
		ISHIP 39 NORTI			
		E THIRD PRING		ILKIDIAI	N, IIN
	COOK	COUNTY, ILLIN	CIO		
A MOSELLINEOUS					
18 MISCELLANEOUS:					