

Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (front and back) CAREFULLY 200500518

LAKE C FILED FOR	bunt RECGAL
200 5 JUT + 3	PM 2:08
VANE 1	SPOWN

A. NAME AND PHONE OF CONTACT AT FILER (optional)				White It is a	TINDO E
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				VARAET AND	ara. Jyyn,
FIRST UNITED BANK	1				
20 W. STEGER RD.					
STEGER, IL 60475					
see attachment					
		THE ABOVE SE	PACE IS F	OR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE #				NANCING STATEMEN	
2003 001211			REAL E	filed (for record) (or ESTATE RECORDS	recorded) in the
2. X TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with resp	ect to security interest(s) of the	Secured Party	authorizing this Termination	n Statement.
 CONTINUATION: Effectiveness of the Financing Statement identified above to continued for the additional period provided by applicable law. 	with respect to secur	ity interest(s) of the Secured Par	rty authorizing	this Continuation Statemer	nt is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ad	dress of assignee in	item 7c; and also give name of	assignor in iter	n 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor	r or Secured F	arty of record. Check only one o	of these two bo	xes.	
Also check one of the following three boxes and provide appropriate information in iter					
CHANGE name and/or address: Give current record name in item 6a or 6b; al name (if name change) in item 7a or 7b and/or new address (if address change)		DELETE name: Give record to be deleted in item 6a or 6b.	name	ADD name: Complete ite item 7c; also complete iten	
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION NAME					
HUNTER'S CHASE PARTNERSHIP					
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION NAME					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
ADD'L INFO RE 7 TO TYPE OF ORGANIZATION ORGANIZATION	1 7f. JURISDICT	ION OF ORGANIZATION	7g. ORG	SANIZATIONAL ID #, if	•
DEBTOR	1				☐ NONE
B. AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added, or give entire ☐ restated collateral deleted or ☐ added or	escription, or describ	e collateral 🔲 assigned.			
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN adds collateral or adds the authorizing Debtor, or if this is a Termination authorized t 					y a Debtor which
9a. ORGANIZATION NAME	1				
FIRST UNITED BANK	1				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
0. OPTIONAL FILER REFERENCE DATA SEE ATTACHMENT FOR LEGAL DESCRIPTION	<u>-</u>				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

State Form 50182 (5-01)
Approved by State Board of Accounts, 2001

FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

5.		1 444	112
	LAKE	COU	N. I.
F	LEDF		

				~ ., · ·	, ,	1	U
12. NAME OF PARTY AUTH	IORIZING AMEN	IDMENT (same as item 9 on Ame	ndment form)		1		
12a. ORGANIZATION'S FIRST UNITE							
12b. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NA	ME, SUFFIX			

2005 JUN -8 Fri 2: 09

MOHAEL PROWN

13. Use this space for additional information

NAME OF RECORD OWNER:

LAKE COUNTY TRUST COMPANY TRUST NO. 5347 2200 N. MAIN STREET CROWN POINT, IN 46307

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY