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A.	NAME AND PHONE OF CONTACT AT FILER (optional)	000 0000		
В.	SEND ACKNOWLEDGMENT TO: (Name and Address)		MOVERNIA The state	OWN
	FIRST UNITED BANK	'		
	20 W. STEGER RD. STEGER, IL 60475			
	STEGER, IL 00475			
	see attachments	]		
Ļ	INITIAL ENLANGING STATEMENT SIZE #	· · · · · · · · · · · · · · · · · · ·	CE IS FOR FILING OFFICE US	
1a.	INITIAL FINANCING STATEMENT FILE #	1	b. This FINANCING STATEMENT ANd to be filed (for record) (or record) REAL ESTATE RECORDS	MENDMENT is orded) in the
2. [	TERMINATION: Effectiveness of the Financing Statement identified above is te	erminated with respect to security interest(s) of the Sec		
$\overline{}$	CONTINUATION: Effectiveness of the Financing Statement identified above wi			
	continued for the additional period provided by applicable law.			
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and addr		*	
	AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor also check one of the following three boxes and provide appropriate information in items		nese two boxes.	
[	CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change).	give new DELETE name: Give record nar	me ADD name: Complete item 7a	or 7b, and also
6. (	name til name change) in item 7a or 7b and/or new address (if address change): CURRENT RECORD INFORMATION:	in item /c. to be deleted in item 6a or 6b.	item 7c; also complete items 70	-/Q (IT applicable)
	6a. ORGANIZATION NAME			
OR	LAKE COUNTY TRUST COMPANY AS TRUS			
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. (	L CHANGED (NEW) OR ADDED INFORMATION:			
	7a. ORGANIZATION NAME			
OR				
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c.	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
	ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	
	DEBTOR			NONE
	AMENDMENT (COLLATERAL CHANGE): check only one box Describe collateral  deleted or  added, or give entire  restated collateral des	anderline or decembe collectored Topological		
٠	Describe contained in the deleter of the added, or give entire the restated contained des	scription, or describe collateral  assigned.		
			,**a	
	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND dots collateral or adds the authorizing Debtor, or if this is a Termination authorized by			ebtor which
a	9a. ORGANIZATION NAME	a people, check here in and enter hame of DED I	On authorizing this Amendment.	
	FIRST UNITED BANK			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
			I	I

\*AGREEMENT DATED JULY 2, 2002 AND KNOWN AS TRUST NUMBER 5347

10. OPTIONAL FILER REFERENCE DATA

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

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

## FOLLOW INSTRUCTIONS (FRONT AND BACK) CAREFULLY.

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F:	LAKE	COUNT	i
	LED FO	OR REC	US:

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11.	11. INITIAL FINANCING STATE FILE NUMBER (same as item 1a on Amendment form) 2003 001207 2005				
12.	12. NAME OF PARTY AUTHORIZING AMENDMENT (same as item 9 on Amendment form)				
00	12a. ORGANIZATION'S NAME FIRST UNITED BANK				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX		
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

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