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UCC FINANCING STATEMENT AMENDMENT

2023-502709 01/27/2023 02:19 PM TOTAL FEES: 25.00 BY: JAS PG #: 2 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

FOLLOW INSTRUCTIONS

A NAME. 5 PHOLE OF CONTACT AT FILER (optional)
Name: Woltens Riuwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-AMIL CONTACT AT FILER (optional)
ucoffling/etrum@pwolferskiwer com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

F1497 - M&T

Lien Solutions
P. O., Box 29071

Glendale, CA 91/209-9071

FIXTURE

L	Glendale, CA 91209-9071 ININ FIXTU	JRE_	THE ABOVE SPA	CE IS FOR FILING OFFICE	USE ONLY			
	NITIAL FINANCING STATEMENT FILE NUMBER 08-000143 2/21/2008 CC IN Lake	11	(or recorded) in the REAL	MENT AMENDMENT is to be filed ESTATE RECORDS endum (Form UCC3Ad) and provide D				
2.	TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement							
3.	ASSIGNMENT (full or partial). Provide name of Assignee in item 7a or 7b. a For partial assignment, complete items 7 and 9 and also indicate affected or	nd address of Assi ollateral in item 8	ignee in Item 7c and name of As	signor in Item 9				
4. 🛭	CONTINUATION: Effectiveness of the Financing Statement is infined above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable (sw							
	HECK ONE OF BIESE INC DOKES.	of these three boxes GE name and/or add a or 8b; and item 7a	dress: CompleteADD nam		me: Give record name I in item 6a or 6b			
6. CI	6. CURRENT RECORD INFORMATION: Complete for Party Information Change provide only one name (6a or 6b)							
OR	6e. ORGANIZATIONS NAME	0						
OR	6). INDIVIDUAL'S SURNAME CAMACHO	ROBERT	NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Chi	ange - provide only one	name (7a or 7b) (use exact, full name;	do not omit, modify, or abbreviate any part o	of the Debtor's name)			
OR	7a. ORGANIZATION'S NAME		⁴ 0x.					
011	7b. INDIVIDUAL'S SURNAME		1					
	NOVICUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME(SMINITIAL(S)		6	C	SUFFIX			
7c. 1	MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY			
8.	COLLATERAL CHANGE: Also check one of these four boxes: ADC Indicate collateral:	O collateral	DELETE collateral R	ESTATE covered collateral	ASSIGN collateral			

_								
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)								
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor								
	9s. ORGANIZATION'S NAME							
	BAYVIEW LOAN SERVICING, LLC							
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)(NITIAL(S)	SUFFIX				
	90. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)(NITIAL(S)	SUFFIX				
10 OPTIONAL FILER REFERENCE DATA: Debtor Name: CAMACHO, POREPT								

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

73698

91082360

Prepared by Lien Solutions, P.O. Box 29071,

200064887

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2008-000143 2/21/2008 CC IN Lake 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAM BAYVIEW LOAN SERVICING, LLC 12b. INDIVIDUAL'S SURI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13); Provide only one Debtor name (13a or 13b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name), see instructions if name does not fit 13b. INDIVIDUAL'S SURNAME ROBERT

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

CAMACHO

CAMACHO, ROBERT - 600 NORTH KELLY STREET, HOBART, IN 46342

Secured Party Name and Address:

County Recorder BAYVIEW LOAN SERVICING, LLC - 4425 PONCE DE LEON BLVD 5TH FLOOR, Coral Gables, FL 33146

15. This FINANCING STATEMENT AMENDMENT:

overs timber to be out overs as-extracted collateral is filed as a fixture filing.

Name and address of a RECORD OWNER of real estate described in item 17 (if bebtor does not have a record interest):

18. MISCELLANEOUS: 91082380-IN-89 57497 - M&T Bank-Bayview Leg

BAYVIEW LOAN SERVICING LLC

File with: Lake IN

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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