

W3066809

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-33	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	112970 - Greystone
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	74980303
	UTUT
1	FIXTURE
File with: Weber, UT	

EH 3066809 PG 1 OF 3 LEANN H KILTS, WEBER COUNTY RECORDER 08-JUL-20 1007 AM FEE \$40.00 DEP TN REC FOR: CT LIEN SOLUTIONS

P.O. Box 29071	74980303	' I			
Glendale, CA 91209-9071	UTUT				
l ₁	FIXTURE	. , .			
File with: Weber, UT		I THE A	BOVE SPACE IS FO	R FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER					
2758010 9/28/2015 CC UT Weber		(or recorded) in the REAL ESTATE	NDMENT is to be filed [i RECORDS n UCC3Ad) <u>and</u> provide Deb	or's name in item 13
TERMINATION: Effectiveness of the Financing Statement	ement identified above is termi				
ASSIGNMENT (full or partial): Provide name of Ass For partial assignment, complete items 7 and 9 and	ignee in item 7a or 7b, <u>and</u> add also indicate affected collater	lress of Assignee in item 7c <u>ar</u> Il in item 8	d name of Assignor in i	lem 9	
CONTINUATION: Effectiveness of the Financing St continued for the additional period provided by apple.	atement identified above with ricable law	espect to the security interest(s	of Secured Party auth	orizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	AND Check one of thes				
This Change affects Debtor or Secured Party of r	ecord litem 6a or 6b;	ne and/or address: Complete and item 7a or 7b and item 7c	ADD name: Complet 7a or 7b, and item 7c	e item DELETE name to be deleted in	: Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Par	ty Information Change - provid	e only <u>one</u> name (6a or 6b)			
6a. ORGANIZATION'S NAME Peachtree Place VII, L.C.					
OR 65. INDIVIDUAL'S SURNAME					
60, INDIVIDUAL'S SURNAME	FIRS	PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assistance of the As	gnment or Party Information Change - p	rovide only one name (7a or 7b) (use	exact, full name; do not omit, m	odify, or abbreviate any part of t	ne Debtor's name)
OR 75 INDIVIDUAL'S SURNAME					
OR 7b. INDIVIDUAL'S SURNAME	<u> </u>				-
76. INDIVIDUAL'S SURNAME			· · ·		
OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME			-		
76. INDIVIDUAL'S SURNAME					SUFFIX
INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME					SUFFIX
INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME			STATE	POSTAL CODE	
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	CITY		STATE	POSTAL CODE	SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS		DELETE colletes			COUNTRY
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of the		eral DELETE collater		POSTAL CODE overed collateral	COUNTRY
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INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of the Indicate collateral:	se four boxes: ADD collat		al RESTATE c	overed collateral	COUNTRY ASSIGN collateral
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of the Indicate collateral:	se four boxes: ADD collate	ENT: Provide only <u>one</u> name	al RESTATE c	overed collateral	COUNTRY ASSIGN collateral
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of the Indicate collateral:	se four boxes: ADD collate	ENT: Provide only <u>one</u> name	al RESTATE c	overed collateral	COUNTRY ASSIGN collateral
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of the Indicate collateral: 9. NAME of SECURED PARTY of RECORD AUT If this is an Amendment authorized by a DEBTOR, check one of the Indicate Collateral CHANGE: Also check one of the Indicate collateral:	se four boxes: ADD collate	ENT: Provide only <u>one</u> name	al RESTATE c	overed collateral	COUNTRY ASSIGN collateral
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of the Indicate collateral: 9. NAME of SECURED PARTY of RECORD AUT If this is an Amendment authorized by a DEBTOR, check 9a. ORGANIZATION'S NAME	Se four boxes: ADD colland THORIZING THIS AMENDM there and provide name o	ENT: Provide only <u>one</u> name	al RESTATE of	overed collateral	COUNTRY ASSIGN collateral

FHA_MULTI

PEACHTREE PLACE OF WEST HAVEN

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Peachtree Place VII, L.C.

74980303

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS					
	NITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendo	ment form				
2758010 9/28/2015 CC UT Weber						
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME						
	GREYSTONE FUNDING CORPORATION					
OR						
OIC	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
		_		THE ABOVE S	PACE IS FOR FILING OFFICE US	E ONLY
13.	Name of DEBTOR on related financing statement (Name of a current Debtor of one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abl					13): Provide only
	13a. ORGANIZATION'S NAME					
	Peachtree Place VII, L.C.					
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSO	ONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	ADDITIONAL SPACE FOR ITEM 8 (Collateral): otor Name and Address:					
	ichtree Place VII, L.C 4607 South Midland Drive , West Haven,	UT 84401				
Sar	cured Party Name and Address:					
GR	EYSTONÉ FUNDING CORPORATION - 419 BELLE AIR LANE ,	WARREN	TON, VA 20	186	40.0050	
Uni	ted States Department of Housing and Urban Development - 451	7th Street	, S.W. , Was	thington, DC 2041	10-0050	
1) l	Inited States Department of Housing and Urban Development					
_			l			
15.	This FINANCING STATEMENT AMENDMENT: Covers timber to be cut covers as-extracted collateral is filed a:	s a fixture filin		tion of real estate:		
16.	Name and address of a RECORD OWNER of real estate described in item 17	s a lixiture lilli	ਜ਼ੋ 2ee ⊏	xhibit A		
	(if Debtor does not have a record interest):					
	,					
10	MISCELLANEOUS: 74980303-UT-57 112970 - Greystone Servicing GREYS	STONE FUNDIN	le l	File with: Weber, UT	PEACHTREE PLACE OF WEST HAV	ÆN FHA MUITI
10.	micoccumations, masses of an interior analysis derining there		-			

EXHIBIT A TO UCC FINANCING STATEMENT

LOT 5, SODENKAMP SUBDIVISION AMENDED LOT 5, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE AND OF RECORD IN THE WEBER COUNTY RECORDER'S OFFICE.

08-458-0001