

Cook IL Recorder of Deeds



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Lexis Nexis Document Solutions
135 South LaSalle Street
Suite 2260 1684768-11
Chicago, IL 60603

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
OR
1b. INDIVIDUAL'S LAST NAME

HALSTED TERRACE NURSING CENTER, INC.

1c. MAILING ADDRESS
6633 N. LINCOLN AVENUE
CITY: LINCOLNWOOD STATE: IL POSTAL CODE: 60645 COUNTRY: USA

1d. TAX ID # SSN OR EIN: 36-3937264 ADD'L INFO RE ORGANIZATION DEBTOR
1e. TYPE OF ORGANIZATION: CORP
1f. JURISDICTION OF ORGANIZATION: IL
1g. ORGANIZATIONAL ID #, if any: 50566102 NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME
OR
2b. INDIVIDUAL'S LAST NAME

2c. MAILING ADDRESS
CITY: STATE: POSTAL CODE: COUNTRY:

2d. TAX ID # SSN OR EIN: ADD'L INFO RE ORGANIZATION DEBTOR
2e. TYPE OF ORGANIZATION:
2f. JURISDICTION OF ORGANIZATION:
2g. ORGANIZATIONAL ID #, if any: NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
OR
3b. INDIVIDUAL'S LAST NAME

WME/ HUNTOON, PAIGE ASSOCIATES LIMITED

3c. MAILING ADDRESS
111 PAVONIA AVENUE
CITY: JERSEY CITY STATE: NJ POSTAL CODE: 07311 COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:

ALL MATERIALS, EQUIPMENT APPARATUS AND OTHER PERSONAL PROPERTY OF EVERY KIND AND DESCRIPTION LOCATED IN AND ON THE PROPERTY DESCRIBED IN EXHIBIT A, ATTACHED HERETO. AND INCLUDING THOSE ITEMS ITEMS OF PERSONAL PROPERTY DESCRIBED IN EXHIBIT " B" ATTACHED HERETO.

5. ALTERNATIVE DESIGNATION if applicable: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed (for record) (or records) in the REAL ESTATE RECORDS Attach Addendum if applicable

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (Additional Fee) Optional All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA LOAN # 07122003 - PREPARED 10/18/2001

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EXHIBIT A

to UCC FINANCING STATEMENT
FEDERAL HOUSING ADMINISTRATION
PROJECT NO. 071-22003
HALSTED TERRACE NURSING CENTER

PARCEL 1:
WEST 158 FEET OF THE NORTH HALF OF LOT 52, (EXCEPT THE SOUTH 50 FEET
THEREOF) AND (EXCEPT THE NORTH 33 FEET AND EXCEPT THE WEST 50 FEET OF SAID
SOUTH HALF OF LOT 52 TAKEN FOR STREETS) IN SCHOOL TRUSTEES' SUBDIVISION OF
SECTION 16, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS

PARCEL 2:
THE SOUTH 50 FEET OF THE EAST 108 FEET OF THE WEST 158 FEET OF THE NORTH
HALF OF LOT 52 IN SCHOOL TRUSTEES' SUBDIVISION OF SECTION 16, TOWNSHIP 37
NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS

PARCEL 3:
THE EAST 108 FEET OF THE WEST 158 FEET OF THE SOUTH HALF OF LOT 52; ALSO
THAT PART OF THE EAST 108 FEET OF THE WEST 158 FEET OF LOT 53 LYING NORTH
OF THE SOUTH 33 FEET OF SAID LOT 53, ALL IN SCHOOL TRUSTEES' SUBDIVISION OF
SECTION 16, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS ***

All of the goods, equipment, furnishings, furniture, fixtures, chattels and articles of personal property, including, without limitation, all building materials and supplies, furnaces, boilers, oil burners, refrigeration, air-condition and sprinkler systems, awnings, screens, window shades, motors, dynamos, incinerators, plants and shrubbery, and all other equipment, machinery, appliances, fittings and fixtures, whether personal property, inventory or fixtures, whether now owned or hereafter from time to time acquired by the Debtor, together with all substitutions replacements, additions, attachments, accessories, accretions, their component parts thereto or thereof, all other items of like property and all accounts and contract rights covering or relating to all accounts to any or all thereof, whether now in existence or hereafter arising, and relating to, situated or located on, or used or usable in connection with, the operation of FHA Project No. 071-22003 (hereinafter referred to as the "Project") located in Chicago, Illinois including rents, issues, profits and income.

All income rents, profits, receipts and charges from the Premises described in this Exhibit "A"

All accounts including but not limited to the following accounts: Reserve for replacement; Residual Receipts, special funds; ground rents, taxes, water rents, assessments, fire and other hazard insurance premiums, initial operating escrow; and escrow for latent defects.

All insurance and condemnation proceeds. All inventories. Also including, but not limited to, those items described in Exhibit B attached hereto and made a part hereof.

Proceeds of Collateral are also covered.

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EXHIBIT B

to UCC FINANCING STATEMENT

FEDERAL HOUSING ADMINISTRATION

PROJECT NO. 071-22003

HALSTED TERRACE NURSING CENTER

EQUIPMENT DESCRIPTION	QUAN	REPLACEMENT EACH	REPLACEMENT TOTAL	AGE	LIFE	PERCENT DEPLETED	VALUE DEPLETED
LOVE SEAT	6	345	2,070	3	15	20%	414
SOFA CHAIRS	3	305	915	3	15	20%	183
WING BACK CHAIRS	10	295	2,950	3	15	20%	590
SIDE TABLES	8	140	1,160	4	15	27%	311
COCKTAIL TABLE	6	109	654	4	15	27%	302
CREDENZA	1	529	529	4	20	20%	106
EXECUTIVE DESK	11	350	3,850	4	20	20%	770
EXECUTIVE CHAIRS	11	150	1,650	4	15	27%	440
ARM CHAIRS	42	80	3,360	6	15	40%	1,344
DESKS	4	300	1,200	9	20	45%	540
DESK & HUTCH	3	400	1,200	4	20	20%	240
CONFERENCE TABLE	1	578	578	12	20	60%	347
SECRETARIAL CHAIRS	41	107	4,387	5	15	33%	1,462
CREDENZA & HUTCH	1	915	915	4	20	20%	183
FILE CABINET 5 DRAWER	6	576	3,456	7	20	35%	1,210
FILE CABINET 4 DRAWER	7	494	3,458	7	20	35%	1,210
FILE CABINET (REVOLVING)	11	1,224	13,464	2	20	10%	1,340
FILE CABINET 3 DRAWER	1	391	391	7	20	35%	137
FILE CABINET 2 DRAWER	7	289	2,023	7	20	35%	708
BOOK CASE	2	123	245	12	20	60%	147
LATERAL FILE & BOOKCASE	1	249	249	10	20	50%	125
STORAGE CABINETS	7	155	1,085	8	20	40%	434
CALCULATOR	6	74	444	4	10	40%	170
FAX MACHINE	1	795	795	3	10	30%	239
COPY MACHINE	1	4,400	4,400	2	5	40%	1,760
WORD PROCESSOR	1	329	329	2	10	20%	66
DESK LAMP	3	61	192	7	15	47%	90
REGISTRATION LECTURN	1	109	109	10	10	100%	109
SECURITY SAFE	1	395	395	8	20	40%	158
BULLETIN BOARDS	31	68	2,112	7	10	70%	1,618
MICROWAVE	3	193	579	5	5	100%	579
REFRIGERATOR	11	345	3,795	4	15	27%	1,012
PAGE TOTAL			63,627				18,357

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HALSTED TERRACE NURSING CENTER MOVEABLE EQUIPMENT LIST 300 BED NURSING FACILITY

EQUIPMENT DESCRIPTION	QUAN	REPLACEMENT EACH	REPLACEMENT TOTAL	AGE	LIFE	PERCENT DEPLETED	VALUE DEPLETED
FLOOR FAN	6	65	390	3	10	30%	117
DESK FAN	5	41	205	3	10	30%	62
PORTABLE TYPEWRITER	1	229	229	7	15	47%	107
ELECTRIC TYPEWRITER	1	229	229	4	15	27%	61
SEWING MACHINE	1	150	150	5	15	33%	50
MICROPHONE & AMPLIFIER	1	319	319	5	15	33%	106
TELEVISIONS	6	349	2,094	4	10	40%	838
VCR	4	399	1,596	4	10	40%	638
MOVIE PROJECTOR	1	942	942	10	10	100%	942
SLIDE PROJECTOR	1	795	795	3	10	30%	239
DINNING TABLES	87	109	9,483	4	15	27%	2,529
DINNING CHAIRS	168	90	15,120	4	15	27%	4,032
ACTIVITY TABLES	7	96	672	10	15	67%	448
ACTIVITY CHAIRS	32	80	2,560	10	15	67%	1,707
PATIO CHAIRS	26	95	2,470	12	15	80%	1,978
UMBRELLA TABLES	4	229	916	12	15	80%	733
RESIDENT BEDS	300	310	93,000	8	20	40%	37,200
RESIDENT DRESSER 4 DRAW	146	180	26,280	8	20	40%	10,512
RESIDENT NIGHTSTAND	300	95	28,500	8	20	40%	11,400
RESIDENT OVERBED TABLE	96	105	10,080	8	20	40%	4,032
RESIDENT CHAIRS	294	120	35,280	8	20	40%	14,112
WHEELCHAIRS	83	320	27,307	7	15	47%	12,743
GERI CHAIRS	36	289	10,404	7	15	47%	4,855
WALKERS	46	74	3,404	7	15	47%	1,589
STRETCHERS	1	936	936	12	15	80%	749
HOYER LIFT WITH SCALE	2	1,398	2,796	5	15	33%	932
SCALES	5	350	1,750	5	15	33%	583
PORTABLE PRIVACY SCREEN	6	99	594	7	15	47%	277
LOCKERS	180	45	8,100	15	20	75%	6,075
OXYGEN CYLINDER TRUCK	1	77	77	15	15	100%	77
VACUUM CLEANER	1	369	369	4	10	40%	148
BUFFING MACHINE	3	900	2,700	4	10	40%	1,080
HOUSEKEEPING CART	5	250	1,250	5	15	33%	417
PAGE TOTAL			290,997				121,384

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HALSTED TERRACE NURSING CENTER
MOVEABLE EQUIPMENT LIST
300 BED NURSING FACILITY

EQUIPMENT DESCRIPTION	QUAN	REPLACEMENT EACH	REPLACEMENT TOTAL	AGE	LIFE	PERCENT DEPLETED	VALUE DEPLETED
LAUNDRY CARTS	15	315	4,725	5	15	33%	1,575
LINEN CARTS	14	160	2,240	5	15	33%	747
CLOSED LINEN CARTS	5	100	800	5	15	33%	267
HAMPER	14	115	1,610	5	10	50%	805
UTILITY CART	11	114	1,254	7	15	47%	585
SHOWER CHAIR	5	142	710	7	10	70%	497
MOBILE BLOOD PRESSURE	7	186	1,302	5	10	50%	651
TREATMENT CART	3	1,287	3,801	5	15	33%	1,207
RESIDENT CHARTS	300	19	5,802	8	20	30%	1,741
CHART RACK	7	911	6,377	6	20	30%	1,913
FOOTSTOOL	14	40	560	8	10	80%	448
HYDRAULIC STYLE CHAIR	1	635	635	20	20	100%	635
HYDRAULIC CHAIR	1	635	635	20	20	100%	635
LOUNGE CHAIR W/ DRYER	2	350	700	15	15	100%	700
PARALLEL BARS	1	1,478	1,478	12	20	60%	887
EXERCISE MATS	1	292	292	10	10	100%	292
WHIRPOOL	1	3,939	3,939	8	15	53%	2,101
TRAINING STAIRS	1	1,104	1,104	12	20	60%	662
EXERCISE WHEEL	1	421	421	8	15	53%	225
FINGER WALKER	1	125	125	8	20	40%	50
EXERCISE BENCHES	2	184	368	8	15	53%	196
HYDROCOLATOR	1	1,774	1,774	8	15	53%	940
WEIGHT BOARD W/ WEIGHTS	1	1,525	1,525	8	15	53%	813
LEG EXERCISER	1	284	284	10	10	100%	284
PAGE TOTAL			42,461				18,922
ENDING TOTAL			307,085			40%	158,643

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