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Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 06/17/2003 11:54 AM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Please return to James Weber
CT CORPORATION SYSTEMS
208 S. LaSalle Street Suite 814
Chicago, IL 60604
888-829-5817

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: YOKANA FIRST NAME: MYRIAM MIDDLE NAME: SUFFIX: M. D.

1c. MAILING ADDRESS: 2930 NORTH MANNHEIM ROAD, SUITE 3 CITY: FRANKLIN PARK STATE: IL POSTAL CODE: 60131 COUNTRY: USA

1d. TAX ID # SSN OR EIN ADD'NL INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION: INDIVIDUAL 1f. JURISDICTION OF ORGANIZATION: IL 1g. ORGANIZATIONAL ID #, if any 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 FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. TAX ID # SSN OR EIN ADD'NL 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: GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION

OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS: 701 W. NORTH AVENUE CITY: MELROSE PARK STATE: IL POSTAL CODE: 60160 COUNTRY: USA

4. This FINANCING STATEMENT covers the following collateral:
ALL PERSONAL PROPERTY, FURNITURE, FIXTURES, EQUIPMENT, ALL OF THE ACCOUNTS RECEIVABLE, GENERAL TANGIBLES AND INTANGIBLES, INCLUDING, WITHOUT LIMITATION, PATIENT RECORDS, BUSINESS RECORDS, SERVICE CONTRACTS, TELEPHONE AND TELECOPY NUMBERS, AND GOOD WILL, WHETHER NOW OWNED OR HEREAFTER ACQUIRED, OF DEBTOR'S MEDICAL PRACTICE, INCLUDING ALL PROCEEDS OF THE FOREGOING COLLATERAL.

THE ABOVE GOODS ARE TO BECOME FIXTURES ON THE PROPERTY DESCRIBED ON THE ATTACHED EXHIBIT A.

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: IL-COOK COUNTY

587429930-01

Box 170

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

YOKANA

FIRST NAME

MYRIAM

MIDDLE NAME, SUFFIX

10. MISCELLANEOUS: IL-COOK COUNTY

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. TAX ID # SSN OR EIN

ADD'NL INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

NONE

12. ADDITIONAL SECURED PARTY'S OR ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

SEE THE ATTACHED EXHIBIT A.

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box:

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box:

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction -- effective 30 years

Filed in connection with a Public-Finance Transaction -- effective 30 years

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EXHIBIT A

Lot 1 except that part of Lot 1 described as follows:

Beginning at the north east corner of said Lot 1; thence south along the east line of said Lot 1 a distance of 15 feet to a point; then north westerly along a straight line to a point on the north line of said Lot 1 said point being 15 feet west of the north east corner of said Lot 1; thence east along the north line of said Lot 1 a distance of 15 feet to the point of beginning in Salerno-Kaufmann Subdivision of part of tract number 1 in Owner's Division of part of that east 1/2 of the north east 1/4 of Section 29, Township 40 North, Range 12 East of the Third Principal Meridian in Cook County, Illinois

And further excepting the west 37.06 feet of Lot 1 in Salerno Kaufman Subdivision of part of tract in Owner's Division of part of the east 1/2 of the north west 1/4 of Section 29, Township 40 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

PIN NO: 12-29-213-002

ADDRESS: 2930 North Mannheim Road, Suite 3
Franklin Park, Illinois 60131

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