

211136

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY



0520144051

Doc#: 0520144051
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 07/20/2005 01:49 PM Pg: 1 of 3

A. NAME & PHONE OF CONTACT AT FILER [optional]
MARK E. DERWENT 616-233-9640
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
MARK E. DERWENT
MYERS NELSON DILLON & SHIERK, PLLC
125 OTTAWA AVE., NW - SUITE 270
GRAND RAPIDS, MI 49503

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
HEATHER HEALTH CARE CENTER II, L.L.C.
1b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX
1c. MAILING ADDRESS
4200 WEST PETERSON AVENUE
CITY CHICAGO
STATE IL POSTAL CODE 60646 COUNTRY USA
1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION LLC 1f. JURISDICTION OF ORGANIZATION IL 1g. ORGANIZATIONAL ID #, if any 01462903

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
2b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX
2c. MAILING ADDRESS
CITY
STATE POSTAL CODE COUNTRY
2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any

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
OMEGA HEALTHCARE INVESTORS, INC.
3b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME
SUFFIX
3c. MAILING ADDRESS
9690 DEERECO ROAD, SUITE 100
CITY TIMONIUM
STATE MD POSTAL CODE 21093 COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

ALL TANGIBLE PERSONAL AND FIXTURE PROPERTY OF EVERY KIND AND NATURE LOCATED AT OR USED IN CONNECTION WITH ONE OR MORE OF THE FACILITIES (AS DEFINED BELOW), INCLUDING, WITHOUT LIMITATION, ALL FURNITURE, FIXTURES, EQUIPMENT, RAW MATERIALS, INVENTORY, AND OTHER GOODS; AND ALL RIGHTS, REMEDIES, POWERS AND/OR PRIVILEGES OF EACH DEBTOR WITH RESPECT TO ANY OF THE FOREGOING AND ALL PROCEEDS THEREFROM.

"FACILITIES" MEANS (I) WENTWORTH REHABILITATION AND HEALTH CARE CENTER, 201 WEST 69TH STREET, CHICAGO, ILLINOIS; (II) MORROW REHABILITATION AND HEALTH CARE CENTER, 5001 SOUTH MICHIGAN AVENUE, CHICAGO, ILLINOIS, (III) HEATHER REHABILITATION AND HEALTH CARE CENTER, 15600 SOUTH HONORE, HARVEY, ILLINOIS, AND (IV) NAPERVILLE REHABILITATION AND HEALTH CARE CENTER, 1525 OXFORD LANE, NAPERVILLE, ILLINOIS 60565."

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 recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) (ADDITIONAL FEE) All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA

ILLINOIS COUNTY - 1527.010

Box 430

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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		
HEATHER HEALTH CARE CENTER II, L.L.C.		
OR	9b. INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

**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
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11d. SEE INSTRUCTIONS

ADD'L 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 on / 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
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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 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):

HEATHER HEALTH CARE CENTER II,  
L.L.C.  
4200 WEST PETERSON AVENUE  
CHICAGO, IL 60646

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

Heather

PARCEL 1:

Lots 1 through 15 both inclusive and the North half of lot 16 in Block 3 in Boulevard Addition to Harvey, a Subdivision of the East half of the North West Quarter of the South East Quarter of Section 18, Township 36 North, Range 14, East of the Third Principal Meridian;

ALSO

PARCEL 2:

That part of the West half of vacated Honore Avenue lying Easterly of and adjoining Lots 1 to 14, both inclusive and also that part of the East half of the vacated North and South 16 foot wide public alley lying westerly of and adjoining Lots 1 to 15, both inclusive and the North half of Lot 16 (except for the easements reserved for public utilities) in Cook County, Illinois.

Common Address: 15600 South Honore, Harvey, Illinois

Permanent Index Numbers: 29-18-410-063  
29-18-410-054

Property of Cook County Clerk's Office