

# UNOFFICIAL COPY



Doc#: 0726910117 Fee: \$28.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/26/2007 02:56 PM Pg: 1 of 3

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	520 HUNTINGTON BAN 11704882 ILIL FIXTURE
File with: CC IL Cook+, IL	

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 <b>SENECA NURSING HOME, INC.</b>					
OR	1b. INDIVIDUAL'S LAST NAME				
1c. MAILING ADDRESS <b>1301 LEE STREET</b>		CITY <b>DES PLAINES</b>	STATE <b>IL</b>	POSTAL CODE <b>60018</b>	COUNTRY <b>USA</b>
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION <b>CORPORATION</b>	1f. JURISDICTION OF ORGANIZATION <b>IL</b>	1g. ORGANIZATIONAL ID #, if any <b>50872033</b> <input type="checkbox"/> 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. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> 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 <b>THE HUNTINGTON NATIONAL BANK</b>					
OR	3b. INDIVIDUAL'S LAST NAME				
3c. MAILING ADDRESS <b>EQUIPMENT FINANCE DIVISION Cont On Adden.</b>		CITY <b>CINCINNATI</b>	STATE <b>OH</b>	POSTAL CODE <b>45202</b>	COUNTRY <b>USA</b>

### 4. This FINANCING STATEMENT covers the following collateral:

Parcel ID: 09-20-400-033-0000 Debtor hereby grants Secured Party a Purchase Money Security Interest in the equipment described as: One (1) New Carrier 30RB-1005 Air Cooled Chiller together with all substitutions and replacements for and products of any of the foregoing property and together with proceeds of any and all of the foregoing property, and, in the case of all tangible property, together with all accessions and together will all accessories, attachments, parts, equipment and repairs, now or hereafter attached or affixed to or used in connection with any such goods

5. ALTERNATIVE DESIGNATION [if applicable] <input checked="" type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING				
6. <input checked="" type="checkbox"/> 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] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA				

11704882

42285.01

SC  
CM4  
P3  
4/7

**UNOFFICIAL COPY****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 <b>SENECA NURSING HOME, INC.</b>			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

**10. MISCELLANEOUS****11704882-IL-31****13520 HUNTINGTON BAN**

42285.01

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**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. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

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

12a. ORGANIZATION'S NAME <b>THE HUNTINGTON NATIONAL BANK</b>					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS <b>105 EAST FOURTH STREET</b>		CITY <b>CINCINNATI</b>	STATE <b>OH</b>	POSTAL CODE <b>45202</b>	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:**

Description: 1301 Lee Street, Des Plaines, Township  
Maine, Neighborhood 30, Property Index Number  
09-20-400-033-0000 Lot 2, Section 20, twp 41, range 12  
Block 400, parcel 33. Parcel ID: 09-20-400-033-0000

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

Seneca Nursing Home

16. Additional collateral description:

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 Estate18. 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 B

### Legal Description

Situated in the City of Des Plaines, Cook County, Illinois, described as:

Lot 2 in Seneca Subdivision, being a subdivision in the South East  $\frac{1}{4}$  of Section 20, Township 41 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

Common Address: 1301 Lee Street  
Des Plaines, Illinois 60018

Permanent Index No: 09-20-400-033