

# UNOFFICIAL COPY



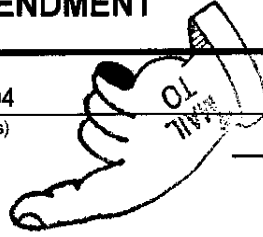
0901419013

Doc#: 0901419013 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 01/14/2009 10:04 AM Pg: 1 of 2

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC DILIGENZ, INC. 1-800-858-5294	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) 39359701 PREPARED BY: CSC DILIGENZ, INC. 6500 HARBOUR HEIGHTS PKWY, SUITE 400 MUKILTEO, WA 98275	
Filed In: Illinois Cook	



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 0833119012 11/26/2008	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input checked="" type="checkbox"/>
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2.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects  Debtor or  Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  
 CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  
 DELETE name: Give record name to be deleted in item 6a or 6b.  
 ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME HOLY CROSS HOSPITAL	OR		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME HOLY CROSS HOSPITAL	OR		
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. MAILING ADDRESS 2701 W. 68TH STREET	CITY CHICAGO	STATE IL	POSTAL CODE 60629	COUNTRY USA
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7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION Corp.	7f. JURISDICTION OF ORGANIZATION IL	7g. ORGANIZATIONAL ID #, if any 20732733	<input type="checkbox"/> NONE
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8. AMENDMENT (COLLATERAL CHANGE): check only one box.  
 Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME PARK NATIONAL BANK	OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA  
 FIXTURE - 10261387-01 (ITEM NO. 01) 39359701

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Legal Description of  
Holy Cross Hospital  
2701 W. 68th St  
Chicago, IL 60629

PREIN 19-24-406-003 (formerly -001)

Blocks 5 and 6, except the East 150 feet of Block 6 and except the West 35 feet of the East 185 feet of the South 180 feet of Block 6, in Hirsh and Young's Subdivision of the Northwest 1/4 of the Southeast 1/4 of Section 24, Township 38 North, Range 13, East of the Third Principal Meridian;

ALSO

Vacated part of South Fairfield Avenue East of adjoining the E line of Blk 5 and W of and adjoining the W line of BLK 6, in Hirsh and Young's Subdivision of the NW 1/4 of the SE 1/4 of Section 24, Township 38 North, Range 13, East of the Third Principal Meridian; that part of said street being otherwise commonly described as that part of South Fairfield Avenue between the South line of West 68th Street and the North line of West 69th Street in Chicago, Illinois.