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Doc#: 1015929100 Fee: \$44.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/08/2010 03:09 PM Pg: 1 of 5

UCC FINANCING STATEMENT

211896

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
DAVID A. BARSKY (202) 293-8200

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**KROOTH & ALTMAN LLP
 1850 M STREET, NW
 SUITE 400
 WASHINGTON, DC 20036
 ATTN: DAVID A. BARSKY, ESQ.**

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
ALDEN ESTATES OF SKOKIE, INC.

OR
 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
4200 WEST PETERSON AVENUE, SUITE 140 CHICAGO IL 60646 USA

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any
CORPORATION ILLINOIS 65946327 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. SEE INSTRUCTIONS 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
CAMBRIDGE REALTY CAPITAL LTD. OF ILLINOIS

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

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
125 SOUTH WACKER DRIVE, SUITE 1800-A CHICAGO IL 60606 USA

4. This FINANCING STATEMENT covers the following collateral:

SEE EXHIBIT "B" ATTACHED HERETO AND MADE A PART HEREOF FOR A DESCRIPTION OF OPERATOR COLLATERAL.

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

6. The 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) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

RECORD IN COOK COUNTY, ILLINOIS

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			
ALDEN ESTATES OF SKOKIE, INC.			
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
11d. SEE INSTRUCTIONS	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					
SECRETARY OF HOUSING AND URBAN DEVELOPMENT					
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
77 W. JACKSON BLVD.		CHICAGO	IL	60604	USA

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 EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF FOR A DESCRIPTION OF REAL PROPERTY.

**"ALDEN ESTATES OF SKOKIE"
FHA PROJECT NO. 071-43219**

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

**ESTATES OF SKOKIE, L.L.C.
4200 WEST PETERSON AVENUE
SUITE 140
CHICAGO, ILLINOIS 60646**

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 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

UNOFFICIAL COPY**EXHIBIT "A"**
(LEGAL DESCRIPTION)

PARCEL 1:

THE EAST 11.20 FEET OF LOT 44 AND LOTS 45 TO 52, INCLUSIVE (EXCEPT THEREFROM THAT PART OF SAID LOTS 44 TO 48, INCLUSIVE DEDICATED FOR HARVEST LANE) IN OLD ORCHARD RESUBDIVISION OF PART OF LOT 5 AND ALL OF LOT 6 IN ADMINISTRATOR'S SUBDIVISION OF THE NORTHWEST QUARTER OF FRACTIONAL SECTION 10, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

THAT PART OF HARVEST LANE VACATED BY PLAT OF VACATION RECORDED AS DOCUMENT NUMBER 1012456014 DESCRIBED AS FOLLOWS:

THAT PART OF 50 FOOT WIDE HARVEST LANE ACCORDING TO THE PLAT OF DEDICATION THEREOF RECORDED MARCH 5, 1959 AS DOCUMENT 17472791, LYING EAST OF THE WEST LINE AND SAID WEST LINE EXTENDED NORTHERLY OF THE EAST 11.20 FEET OF LOT 44 AND LYING WEST OF THE EAST LINE AND SAID EAST LINE EXTENDED NORTHERLY OF LOT 48, ALL IN OLD ORCHARD RESUBDIVISION OF PART OF LOT 5 AND ALL OF LOT 6 OF ADMINISTRATOR'S SUBDIVISION OF THE NORTHWEST FRACTIONAL QUARTER OF FRACTIONAL SECTION 10, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT OF SAID OLD ORCHARD RESUBDIVISION RECORDED NOVEMBER 29, 1956 AS DOCUMENT 16767277, EXCEPTING FROM AFORESAID THE NORTH 16.00 FEET OF THE WEST 18.00 FEET THEREOF, IN COOK COUNTY, ILLINOIS.

PINS

10-10-103-024

10-10-103-029

Address: 4626 OLD ORCHARD ROAD
SKOKIE IL 60076

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EXHIBIT "B" DESCRIPTION OF COLLATERAL OF OPERATOR

This Exhibit "B" is attached to, incorporated by reference in, and forms a part of certain documents (collectively, the "Security Documents"), executed and delivered in connection with the financing of the Project (as hereinafter defined), including a Security Agreement and Financing Statements.

This Exhibit "B" refers to the following collateral owned by **ALDEN ESTATES OF SKOKIE, INC.**, an Illinois corporation (the "Debtor"), which may be now or hereafter located on the premises of, relate to, or be used in connection with, the management and operation of a certain skilled nursing facility known as "**Alden Estates of Skokie**", FHA Project No. 071-43219, located in Skokie, Cook County, Illinois:

1. All right, title and interest in and to the Long Term Care License applicable to the Project, heretofore issued and/or granted by the State of Illinois, Department of Public Health, to the extent permitted by law.
2. Hospital beds and equipment, physiotherapy equipment, medical equipment and apparatus, all other equipment, goods and personal property as are commonly used in the furnishing and equipping of a skilled nursing facility, 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 any or all thereof, whether now in existence or hereafter arising, and relating to, situated on, or used or usable in connection with the maintenance and/or operation of a skilled nursing facility on a parcel of real estate.
3. The term "Collateral" as used herein and in the Security Agreement specifically includes, to the extent permitted by law, the Medicare/Medicaid provider agreements for the skilled nursing facility and the payments Debtor is entitled to thereunder, and the bed authority allocated to the project by applicable federal, state and local governmental authorities.
4. All of the records and books of account now or hereafter maintained by or on behalf of the Debtors and/or their agents and employees in connection with the Project.
5. All names now or hereafter used in connection with the Project and the goodwill associated therewith.
6. All other licenses, permits and approvals issued by any federal, state or local governmental entity relating to the operation, management, use and occupancy of the Project, to the extent permitted by law.
7. All receipts, revenues, income, profits, proceeds, deposit accounts, all accounts, including, but not limited to healthcare insurance receivables and other accounts receivable and unrestricted cash and investments derived from properties owned or leased by the Debtor. Any

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and all other collateral or personal property of the borrower as defined in the Uniform Commercial Code.

8. Proceeds, products, returns, additions, accessions, replacements and substitutions of and to any and all of the above.

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