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UCC FINANCING STATEMENT AMENDMENT OF A STATEMENT AMENDMENT OF A STATEMENT AMENDMENT OF A STATEMENT AMENDMENT OF A STATEMENT OF	NT		1030134015	25		
A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818)) 662-4141	Cook Co	1030134015 Fee: \$42 "Gene" Moore RHSP Fee:\$1 punty Recorder of Deeds	0.00		
B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 10011 10011-BANK OF		Date: 10	0/28/2010 09:33 AM Pg: 1 o	f 3		
CT Lien Solutions 2577869	 	··				
P.O. Box 29071 Glendale, CA 91209-9071						
FIXTUR	E _	THE ABOVE	E SPACE IS FOR FILING OFFICE USE (DNLY		
1a. INITIAL FINANCING STATEMENT FILE # 0606144078 03/02/00 CC IL Cook+			1b. This FINANCING STATEMENT A to be filed [for record] (or recorded REAL ESTATE RECORDS.	MENDMENT is		
2. TERMINATION: Effectiveness of the Transing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 3. X CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by a optimable law.						
4. ASSIGNMENT (full or partial): Give name of assir nee in item 7a or 7b		assignee in 7c; and also give our				
5. AMENDMENT (PARTY INFORMATION): This Amendmen', affects Deb Also check one of the following three boxes and provide app paria aniform CHANGE name and/or address: Give current record name in item % a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address _nar_je)	mation in items give new	•				
6. CURRENT RECORD INFORMATION: GA ORGANIZATION'S NAME PRAIRIE MEDICAL CENTER LLC	7			····		
OR 6b. INDIVIDUAL'S LAST NAME	FIRS NAME		MIDDLE NAME	SUFFIX		
7. CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME						
OR	FIRST NAME	4	MIDDLE NAME	SUFFIX		
7b. INDIVIDUAL'S LAST NAME	PINOT MAINLE	<u>C'/</u>				
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY		
7d. <u>SEE INSTRUCTION</u> ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f, JURISDICTIO	ON OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	NONE		
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. See Attached. Parcel ID: 15-30-201-014-0000						
			7m 1 4			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEND	MENT (name of	assignor, if this is an Assignment).	If this is an Amendment authorized by a f	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 BANK OF AMERICA, N.A. FKA LASALLE BANK NA						
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	*/ *	MIDDLE NAME	SUFFIX		

10. OPTIONAL FILER REFERENCE DATA
25778692 Debtor Name: PRAIRIE MEDICAL CENTER LLC

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UC FOI	C FINANCIN	IG STATEMEN	IT AMENDMEN back) CAREFULLY	T ADDENDUM
11.1	NITIAL FINANCIN	G STATEMENT FILE	# (same as item 1a on Amen	dment form)
			CC IL Cook+	
			IDMENT (same as item 9 on Ame	ndment form)
)	BANK OF	AMERICA,	N.A. FKA LASALI	LE BANK NA
• OR	12b. INDIVIDUAL'S	LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
12	Lee this space for	additional informa	tion	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

arcel ID: 1:

Of Cook Colling Clarks Office Parcel ID: 15-30-201-014-0000 Description: SEE ATTACHED.

Prepared by CT Lien Solutions, P.O. Box 29071 Glendale, CA 91209-9071 Tel (800) 331-3282

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EXHIBIT B

Legal Description of Leasehold Estate

THE SOUTH 150 FEET OF THE NORTH 528 FEET OF THE EAST 495 FEET OF THE SOUTH ½ OF THE NORTHEAST ¼ OF SECTION 30, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPT THE EAST 50 FEET THEREOF CONVEYED TO THE STATE OF ILLINOIS, DEPARTMENT OF TRANSPORTATION BY WARRANTY DEED RECORDED AS DOCUMENT 2745446, IN COOK COUNTY, ILLINOIS.

PROPERTY ADURESS OF REAL ESTATE:

2450 S. Wolf Rc ad Westchester, II 60104

(00014672.DOC/v2/2324/148/3/1/2006 08:57 A M)