UNOFFICIAL COPY

UCC FINANCING STATEMENT AMENDME	:NIT	Doc#: Eugene "(Cook Cou	1114718029 F Gene" Moore RHS	PF Fee:\$10.00
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	;IN I	- 4.0. 00/2	27/2011 02:33 PM	Pg: 1 of 2
A. NAME & PHONE OF CONTACT AT FILER [optional]				
Richard Myers B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
D, GEND ACKNOWLEDGINE IVE (O. (Namo and Manages)				
Return acknowledgment to:				
*	1	,		
Capitol Services, Inc.	1			
P.C. box 6300 Albany, NY 12206	1			
800/662-0171	1			
<u> </u>		THE ABOVE SPA	CE IS FOR FILING OFF	
1a. INITIAL FINANCING STATEMF OF FLE# #1007734035 Date: 3/16/2-19			to be filed [for record	ATEMENT AMENDMENT Is if (or recorded) in the
2. X TERMINATION: Effectiveness on the recovering Statement identified above	e is terminated with respect	to security interest(s) of the	REAL ESTATE REC	
CONTINUATION: Effectiveness of the Fill anding Statement Identified a				
continued for the additional period provider 1, applicable law.		·		· · · · · · · · · · · · · · · · · · ·
4. ASSIGNMENT (full or partial): Give name of as signe) in them 7a or 7b as	nd address of assignee in item	n 7c; and also give name of	assignor in item 9.	
,	- - -	ty of record. Check only <u>on</u>	<u>a</u> of these two boxes.	
Also check one of the following three boxes and provide appropride information CHANGE name and/or address: Please refer to the detailed instructions	TT DELETE name: Giv	/e record hame	ADD name: Complete it	em 7a or 7b, and also item 7c; 7g (if applicable).
Inregards to changing the name/address of a party. 6. CURRENT RECORD (NFORMATION:	to be deleted in item	n 6a or 6b.	also complete items 7s-	/g (if applicable).
6a. ORGANIZATION'S NAME	<u>/</u>			1700
Kindred Healthcare, Inc.	1		Luino d'Aller	SUFFIX
66. INDIVIDUAL'S LAST NAME	FIF ST NAN E		MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>	
7a, ORGANIZATION'S NAME				
		/ /		
OR 76, INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
To, MARCING MODINESS	GILT		BIAIL I GOINE GOO!	9944
7d. SEEINSTRUCTIONS ADD'L INFO RE 7e, TYPE OF ORGANIZATION	71, JURISDICTION OF	ORGANIZATION	7r ORGANIZATIONAL ID	#, if any
ORGANIZATION DEBTOR			T	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.			0	
Describe collateral	tere) description, or describt	e collateral 🔲 assigned.	0.0	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A adds collateral or adds the authorizing Debtor, or if this is a Termination authorized Ba. ORGANIZATION'S NAME Ventas Realty, Limited Partnership 9b. INDIVIDUAL'S LAST NAME			t). If this is an Amendment a OR authorizing this Amend MIDDLE NAME	
10, OPTIONAL FILER REFERENCE DATA		·····		
IL-Cook (KND ML4 #4871)			1 PC	G Httachell
FILING OFFICE COPY — UCC FINANCING STATEMENT AMEN ILUCCIPNAT - 12/17/2002 CT System Online	DMENT (FORM UCC3)	(REV. 05/22/02)	5	G Athachel 54831CG

1114718029 Page: 2 of 2

UNOFFICIAL COPY

1007734035 Page: 4 of 4

#4871

Office

SCHEDULE I

PARCEL 1:

LOTS 21, 23, 24 AND 25 IN BLOCK 10 OF COCHRAN'S SECOND ADDITION TO EDGEWATER IN THE EAST FRACTIONAL 1/2 OF SECTION 5, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PARCEL 2:

LOTS 4, 5, 6, 7, 8, 9, 10 AND THE NORTH 22 FEET OF LOT 11 IN BLOCK 10 IN COCHRAN'S SECOND AUDITION TO EDGEWATER IN THE EAST FRACTIONAL 1/2 OF SECTION 5, TOWNSHIP 40 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL WERIDIAN, IN COOK COUNTY ILLINOIS.

Property Address:

6130 North Sheridan Read, Chicago, IL

Parcel Addresses:

6157 N. Kenmore Ave., Chicago, IL
6158 N. Francisco Ave., Chicago, IL
6139 N. Kenmore Ave., Chicago, IL
6131 N. Kenmore Ave., Chicago, IL
6118 N. Kenmore Ave., Chicago, IL
6118 N. Kenmore Ave., Chicago, IL
6118 N. Kenmore Ave., Chicago, IL
6108 N. Kenmore Ave., Chicago, IL