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Doc#: 1129742068 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/24/2011 10:52 AM Pg: 1 of 3

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
EDWARD F. DOBBINS (312) 726-0440

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

FISCHEL & KAHN, LTD.
190 S. LASALLE STREET
SUITE 2850
CHICAGO, IL 60603
ATTENTION: EDWARD F. DOBBINS

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
PRAIRIE MEDICAL CENTER, LLC

OR

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

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
2434 S. WOLF ROAD WESTCHESTER IL 60154 USA

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any
LLC ILLINOIS 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
THE PRIVATEBANK AND TRUST COMPANY

OR

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

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
50 S. LASALLE STREET CHICAGO IL 60603 USA

4. This FINANCING STATEMENT covers the following collateral:

ALL RIGHT, TITLE AND INTEREST WHETHER NOW OWNED OR EXISTING OR HEREAFTER CREATED, ACQUIRED OR ARISING, IN AND TO ALL PERSONAL PROPERTY AND FIXTURES OF THE DEBTOR, INCLUDING PROPERTY DESCRIBED IN EXHIBIT A ATTACHED HERETO AND MADE A PART THEREOF.

Box 400-CTCC

S Y
P 3
S N
SC Y
INT CT

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

6. This FINANCING STATEMENT is to be filed [or record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional] All Debtors Debtor 1 Debtor 2 (ADDITIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA

COOK COUNTY, ILLINOIS

7 of 16
8866210 Dz Dz

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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 PRAIRIE MEDICAL CENTER, LLC			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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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 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					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	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:

SEE EXHIBIT A ATTACHED

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

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 Filed in connection with a Public-Finance Transaction

International Association of Commercial Administrators (IACA)

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EXHIBIT A

PROPERTY DESCRIPTION

PARCEL 1:

THE SOUTH 150 FEET OF THE NORTH 528 FEET OF THE EAST 495 FEET, EXCEPT THE EAST 50 FEET THEREOF, OF THE SOUTH ½ OF THE NORTHEAST ¼ OF SECTION 30, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS EXCEPTING THEREFROM ALL BUILDINGS AND IMPROVEMENTS LOCATED THEREON.

PARCEL 2:

THE ESTATE OR INTEREST IN THE LAND DESCRIBED BELOW AND COVERED HEREIN IS: THE SUB-LEASEHOLD ESTATE (SAID LEASEHOLD ESTATE BEING DEFINED IN PARAGRAPH 1.C. OF THE ALTA LEASHOLD ENDORSEMENT(S) ATTACHED HERETO), CREATED BY THE INSTRUMENT HEREIN REFERRED TO AS THE LEASE, EXECUTED BY: TDK REAL ESTATE VENTURE LAND, LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS LESSOR, AND PRAIRIE MEDICAL CENTER, LLC AN ILLINOIS LIMITED LIABILITY COMPANY, AS LESSEE, DATED JANUARY 1, 2005, WHICH MEMORANDUM OF LEASE WAS RECORDED SEPTEMBER 8, 2006 AS DOCUMENT 0625122107 AND AS AMENDED BY THE MEMORANDUM OF AMENDED AND RESTATED SUB GROUND LEASE DATED SEPTEMBER 28, 2011 AND RECORDED OCTOBER 24, 2011 AS DOCUMENT NUMBER 112442053 WHICH LEASE DEMISES THE FOLLOWING DESCRIBED LAND FOR A TERM OF 30 YEARS FROM COMMENCEMENT DATE, COMMENCEMENT DATE AS DEFINED IN THE LEASE.

THE SOUTH 150 FEET OF THE NORTH 528 FEET OF THE EAST 495 FEET, EXCEPT THE EAST 50 FEET THEREOF, OF THE SOUTH ½ OF THE NORTHEAST ¼ OF SECTION 30, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

ADDRESS: 2450 S. WOLF ROAD, WESTCHESTER, ILLINOIS

PIN: 15-30-201-014-0000