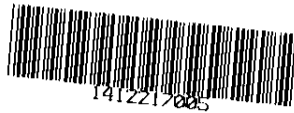


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Doc#: 1412217005 Fee: \$64.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/02/2014 09:28 AM Pg: 1 of 3

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone: (800) 331-3282 Fax: (818) 662-4141

B. E-MAIL CONTACT AT FILER (optional)
CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 112970 - GREYSTONE

CT Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

43066243

ILIL
FIXTURE

File with: Cook, IL

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
0925910059 9/16/2009 CC IL Cook

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

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

5. PARTY INFORMATION CHANGE:
Check one of these two boxes: Debtor or Secured Party of record
AND Check one of these three boxes to:
 CHANGE name and/or address: Complete item 6a or 6b, and item 7a or 7b and item 7c
 ADD name: Complete item 7a or 7b, and item 7c
 DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME
Church Street Station Skilled Nursing and Living Center, LLC

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
---------------------	-------------------------------	--------

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)
----------------------------------	--

7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	SUFFIX
			COUNTRY

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME
GREYSTONE SERVICING CORPORATION, INC.

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Church Street Station Skilled Nursing and Living Center, LLC
Church Street Station

S N
P 3
S N
M N
SC yes
E yes
INT yes

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JCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
 0925910059 9/16/2009 CC IL Cook

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME GREYSTONE SERVICING CORPORATION, INC.	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
 Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name; see Instructions if name does not fit)

13a. ORGANIZATION'S NAME Church Street Station Skilled Nursing and Living Center, LLC			
OR			
13b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Debtor Name and Address:
 Church Street Station Skilled Nursing and Living Center, LLC - c/o Nuca e Servies Corp., 7257 N. Lincoln Avenue, Lincolnwood, IL 60712

Secured Party Name and Address:
 GREYSTONE SERVICING CORPORATION, INC. - 419 BELLE AIR LANE , WARR ENTON, VA 20186
 Secretary of Housing and Urban Development - 77 W. Jackson Blvd , Chicago, IL 60604

The names of additional authorizing parties

1) Secretary of Housing and Urban Development

15. This FINANCING STATEMENT AMENDMENT:
 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

17. Description of real estate:
 See Exhibit A

Address:
 1900-2018 W. Lake Street
 Hanover Park State: IL

Pin:
 06-36-307-024 06-36-307-025 06-36-307-028
 06-36-309-031 06-36-402-008

Parcel ID:
 06-36-307-024-0000

18. MISCELLANEOUS: 43066243-IL-31 112970 - GREYSTONE SERVICING GREYSTONE SERVICING

File with: Cook, IL Church Street Station FHA_MULTI

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EXHIBIT "A"
Legal Description

LOTS 2 AND 3 IN VIRONS SUBDIVISION, HANOVER PARK, ILLINOIS, BEING A SUBDIVISION OF PART OF THE SOUTH HALF OF THE SECTION 36, TOWNSHIP 41 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JUNE 15, 2009 AS DOCUMENT NUMBER 0916610047, IN COOK COUNTY, ILLINOIS.

PINs: 06-36-307-024
06-36-307-025
06-36-307-028
06-36-309-031
06-36-402-008

Property of Cook County Clerk's Office