

# UNOFFICIAL COPY

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1428316020

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Doc#: 1428316020 Fee: \$44.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 10/10/2014 11:33 AM Pg: 1 of 4

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>CAMBRIDGE REALTY CAPITAL LTD. OF ILLINOIS</b> <b>125 SOUTH WACKER DRIVE, SUITE 1800-A</b> <b>CHICAGO, IL 60606</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>JLM FINANCIAL HEALTHCARE, LP</b>	OR			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS <b>3839 BEE CAVES ROAD, #205</b>	CITY <b>AUSTIN</b>	STATE <b>TX</b>	POSTAL CODE <b>78746</b>	COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME	OR			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>CAMBRIDGE REALTY CAPITAL LTD. OF ILLINOIS</b>	OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS <b>125 SOUTH WACKER DR., SUITE 1800-A</b>	CITY <b>CHICAGO</b>	STATE <b>IL</b>	POSTAL CODE <b>60606</b>	COUNTRY <b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

**ALL PERSONAL PROPERTY DESCRIBED IN EXHIBIT 'B' ATTACHED HERETO AND INCORPORATED HEREIN BY THIS REFERENCE, RELATING TO, SITUATED OR LOCATED ON OR USED OR USABLE IN CONNECTION WITH, OR ARISING FROM THE MAINTENANCE AND/OR OPERATION OF THE REAL PROPERTY DESCRIBED IN EXHIBIT 'A'.**

CRESTWOOD TERRACE  
FHA No.: 071-22219

AFTER RECORDING, RETURN TO:

**TITLE SERVICES, INC.**  
**810 EAST ROOSEVELT ROAD**  
**WHEATON, IL 60187**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

**TO BE RECORDED IN THE OFFICIAL RECORDS OF COOK COUNTY, ILLINOIS**

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## UCC FINANCING STATEMENT ADDENDUM

### FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME <b>JLM FINANCIAL HEALTHCARE, LP</b>	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME <b>SECRETARY OF HOUSING &amp; URBAN DEVELOPMENT OF WASHINGTON, D.C., THEIR SUCCESSORS AND*</b>				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS <b>OFFICE OF RESIDENTIAL CARE FACILITIES**</b>	CITY <b>WASHINGTON</b>	STATE <b>DC</b>	POSTAL CODE <b>20410</b>	COUNTRY <b>USA</b>

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

**\*ASSIGNS, AS THEIR INTERESTS MAY APPEAR.**

**\*\* , 451 & 7TH STREET SW**

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

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

**CT CRESTWOOD, LLC  
3839 BEE CAVES ROAD, #205  
AUSTIN, TX 78746**

16. Description of real estate:

**SEE EXHIBIT 'A' ATTACHED HERETO AND MADE A PART  
HEREOF FOR A DESCRIPTION OF REAL PROPERTY.**

17. MISCELLANEOUS:

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## EXHIBIT "A"

### LEGAL DESCRIPTION

\*\*\*THE NORTH 291.00 FEET OF THE WEST 600.00 FEET OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 33, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.\*\*\* ✓

Permanent Real Estate Index No. 24-33-307-001 ✓

Property Address: 13301 S. Central Avenue, Crestwood, Illinois

Property of Cook County Clerk's Office

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## EXHIBIT "B"

### DESCRIPTION OF COLLATERAL

All of the following described property and interests in property, whether now in existence or hereafter arising, and relating to, situated or located on or used or usable in connection with, or arising from the maintenance and/or operation of the property described in Exhibit A (hereafter referred to as the "Premises"):

(a) All Illinois Government Payments including without limitation all Medicaid payments relating to or arising from the healthcare facility operated on the premises by **CC CARE, LLC**, and all deposit accounts into which such payments are deposited or transferred, whether or not titled in Member's name;

(b) All right, title and interest of Member, if any, in and to the following:

(i) To the greatest extent permitted by applicable law and not in violation of applicable law now enacted or hereafter amended, all licenses, permits, certificates and agreements, if any, for the provision of property or services to or in connection with, or otherwise benefiting, the Premises, any and all Medicaid/Medicare Provider Agreements or other provider agreements, and any other license necessary for the provision of services at the Premises;

(ii) All funds, monies, securities and other property now or hereafter held in the Deposit Accounts, or in any lockboxes, depository or blocked accounts required or permitted under the HUD Loan Documents;

(iii) All of the following arising from the operation of the Project on the Premises: (a) All accounts and accounts receivable, including all rights to payment of a monetary obligation, whether or not earned by performance including, but not limited to, accounts receivable, health-care insurance receivables, Medicaid and Medicare receivables, Veterans Administration receivables, or other governmental receivables, private patient receivables, and HMO receivables, (b) payment intangibles, (c) guarantees, letter-of-credit rights and other supporting obligations relating to the property described in clauses (a) and (b); and (d) all of the proceeds of the property described in clauses (a), (b) and (c).

(iv) All books, records and files of whatever type or nature relating to any or all of the property or interests in property described herein or the proceeds thereof, whether or not written, stored electronically or electromagnetically or in any other form, and whether or not such books, records, or files constitute accounts, equipment or general intangibles; and

(c) All products and proceeds of any and all of the property (and interests in property) described herein including, but not limited to, deposit accounts or cash.