

# UNOFFICIAL COPY



Doc#: 1433939001 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 12/05/2014 08:43 AM Pg: 1 of 3

## UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)  
**CHRISTINA YODER (800) 334-3385**

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**FIDELITY NATIONAL TITLE  
COMMERCIAL SERVICES  
ATTN: CHRISTINA YODER  
4111 EXECUTIVE PKWY., SUITE 304  
WESTERVILLE, OHIO 43081**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**1227116093**

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:  This Change affects 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

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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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  
**HOUSING & HEALTHCARE FINANCE, LLC**

OR

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS

<b>2 WISCONSIN CIRCLE, SUITE 540</b>	CITY <b>CHEVY CHASE</b>	STATE <b>MD</b>	POSTAL CODE <b>20815</b>	COUNTRY <b>USA</b>
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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  
**HEARTLAND BANK**

OR

9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:  
**COOK COUNTY, ILLINOIS** **AMBASSADOR NURSING AND REHABILITATION CENTER; FHA PROJECT NO. 071-22164**

12/05/2014  
12/2/14

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## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
**1227116093**

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

12a. ORGANIZATION'S NAME

**HEARTLAND BANK**

OR 12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. 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

**AMBASSADOR NURSING REALTY, LLC**

OR 13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral)

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 describe in item 17  
(if Debtor does not have a record interest):

17. Description of real estate:

18. MISCELLANEOUS:

International Association of Commercial Administrators (IACA)

FILING OFFICE COPY-UCC FINANCING STATEMENT AMENDMENT ADDENDUM (Form UCC3) (Rev. 04/20/11)

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## EXHIBIT A

### LEGAL DESCRIPTION

THE SOUTH 7.5 FEET OF LOT 6 AND ALL OF LOTS 7, 8, 9, 10, 11, 12, 13, AND 14 IN BLOCK 75 IN NORTHWEST LAND ASSOCIATIONS SUBDIVISION OF THE WEST HALF OF BLOCKS 22 AND 27 AND ALL OF BLOCKS 23, 24 AND 26 IN JACKSON'S SUBDIVISION OF THE SOUTHEAST QUARTER OF SECTION 11, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ALSO BLOCKS 1 AND 8 AND BLOCK 2 (EXCEPT THE EAST 1 ACRE THEREOF) IN CLARKS SUBDIVISION OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 14, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Common Address: 4900 N. Bernard Street  
Chicago, Illinois 60625

TAX PARCELS NOS.: 13-11-418-021-0000  
13-11-418-022-0000  
13-11-418-026-0000  
13-11-418-028-0000  
13-11-418-033-0000

Clerk's Office