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1532718026

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

Doc#: 1532718026 Fee: \$42.00

RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 11/23/2015 09:30 AM Pg: 1 of 3

A. NAME & PHONE OF CONTACT AT FILER (optional) Barbara Lenio - 215-631-9151
B. E-MAIL CONTACT AT FILER (optional) Barbara.Lenio@opco.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Barbara Lenio Oppenheimer Multifamily Housing & Healthcare Finance, Inc. 1180 Welsh Road, Suite 210 North Wales, PA 19454

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

1104816064

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:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record

☐ 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

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)

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

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

Oppenheimer Multifamily Housing & Healthcare Finance, Inc.

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

Glenbridge Nursing & Rehab Centre Ltd-FHA #071-22168-Loan #1307122168-CONTINUATION-OPERATOR-Cook Co IL

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

International Association of Commercial Administrators (IACA)

SYS
P3
S10
M10
SC10
E10
INT10

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
1104816064

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

12a. ORGANIZATION'S NAME	
Oppenheimer Multifamily Housing & Healthcare	
Finance, Inc.	
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			
Glenbridge Nursing & Rehabilitation Centre, Ltd.			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

ADDITIONAL INTEREST:

Secretary of Housing & Urban Development
 U.S. Department of Housing & Urban Development
 451 Seventh Street, SW
 Washington, DC 20410 USA

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):

OWNER:

Glenbridge Real Estate & Development, LLC
 5454 West Fargo Avenue
 Skokie, IL 60077 USA

OPERATOR:

Glenbridge Nursing & Rehabilitation Centre, Ltd.
 5454 West Fargo Avenue
 Skokie, IL 60077 USA

17. Description of real estate:

Glen Bridge Nursing & Rehab Centre
8333 West Golf Road
Niles, IL 60714 USA

Please see attached Legal Description

18. MISCELLANEOUS:

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EXHIBIT A

THAT PART OF THE NORTHWEST $\frac{1}{4}$ OF THE NORTHEAST $\frac{1}{4}$ OF SECTION 14, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT THE INTERSECTION OF THE NORTH LINE OF SAID NORTHEAST $\frac{1}{4}$ OF SECTION 14, (BEING THE CENTERLINE OF GOLF ROAD) AND THE WEST LINE OF BLOCK 3 IN SUPERIOR COURT COMMISSIONER'S DIVISION OF PART OF THE WEST $\frac{1}{2}$ OF THE NORTHEAST $\frac{1}{4}$ AND PART OF THE NORTHEAST $\frac{1}{4}$ OF THE NORTHWEST $\frac{1}{4}$ OF SAID SECTION 14; THENCE SOUTH ALONG THE WEST LINE OF SAID BLOCK 3, A DISTANCE OF 512.6 FEET; THENCE WEST ALONG A LINE PARALLEL TO THE NORTH LINE OF BLOCK 4 IN SAID SUPERIOR COURT COMMISSIONER'S DIVISION, A DISTANCE OF 115.00 FEET; THENCE NORTH ALONG A LINE PARALLEL TO THE WEST LINE OF SAID BLOCK 3, A DISTANCE OF 512.60 FEET TO A POINT ON THE NORTH LINE OF THE NORTHEAST $\frac{1}{4}$ OF SAID SECTION 14; THENCE EAST ALONG SAID NORTH LINE OF SAID NORTHEAST $\frac{1}{4}$ TO THE PLACE OF BEGINNING, IN COOK COUNTY, ILLINOIS.

PIN: 09-14-200-029

09-14-200-032

Address: 8333 Golf Road

Niles IL 60714