

# UNOFFICIAL COPY



Doc#: 1532718027 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

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

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

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER <b>1104816063</b>	1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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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			
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
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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 <b>Oppenheimer Multifamily Housing &amp; Healthcare Finance, Inc.</b>			
OR			
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:  
**Glenbridge Real Estate & Dev LLC-FHA #071-22168-Loan #1307122168-CONTINUATION-OWNER-Cook Co IL**

SYS  
P3  
S10  
M10  
SCB  
E 1/8  
INTRE

**UNOFFICIAL COPY****UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
**1104816063**

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 Real Estate & Development LLC**

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):

**Glenbridge Real Estate & Development, LLC  
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 ¼ OF THE NORTHEAST ¼ 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 ¼ 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 ½ OF THE NORTHEAST ¼ AND PART OF THE NORTHEAST ¼ OF THE NORTHWEST ¼ 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 ¼ OF SAID SECTION 14; THENCE EAST ALONG SAID NORTH LINE OF SAID NORTHEAST ¼ 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