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Doc#. 1632247150 Fee: \$52.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 11/17/2016 12:48 PM Pg: 1 of 3



-	C FINANCING STATEMENT AMENDME	NT							
	NAME & PHONE OF CONTACT AT FILER (optional) IRISTINA YOUER (800) 334-3385	•							
В.	E-MAIL CONTACT AT FILER (optional)								
Ċ.	SEND ACKNOWLEDGME*, (**TO: (Name and Address)			<b>q</b>					
	FIDELITY NATIONAL TITLE COMMERCIAL SERVICES ATTN: CHRISTINA YODER 4111 EXECUTIVE PKWY., SUITE 304 WESTERVILLE, OHIO 43081			TWE	· ARMYE SD	ace is ecr	FILING OFFICE I	ise om 1	,
la.	INITIAL FINANCING STATEMENT FILE NUMBER	***************************************	1	b. 🖾 This FINANC	<u> </u>	onaonaonaonaonaonaona	<u>onaonaonaonaonaonaonaonaon</u>	aanaanaanaanaan	aceaceaceaceaceaceace
1	104816071			(or recorded	) in the REA	LESTATE RE	CORDS		
2.	TERMINATION: Effectiveness of the Financing Statement i authorizing this Termination Statement.	denimer acove	is terminated with		******	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(CC3Ad) and provid Party	a Deutai s m	attie ii ii istii 10
3.	ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 <u>and</u> also indi	item 7a or 55, cate affected or	ে d address of A off denat in item 8	ssignee in item 7c <u>a</u>	nd name of	Assigner in de	m 9		
4.	CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable (a)	i identified abov v.	e with sespect to t	he security interest(	s) of Secure	d Party author	izing this Continu	ation State	ement is
(	AND PARTY INFORMATION CHANGE: theck <u>one</u> of these two boxes:  AND Secured Party of record		these three boxes t name and/or addid 6b: <u>and</u> item 7a or	or ess: Contplete 175 <u>and</u> ilder 72	ADD name	o: Complete ite <u>and</u> item 7c	m DELETE dan		
6. (	URRENT RECORD INFORMATION: Complete for Party Inform	ation Change –	provide only <u>one</u>		~40000000000000000000				
OR	6a. ORGANIZATION'S NAME		O.						
	6b. INDIVIDUAL'S SURNAME		FIRST PERSON.	AL NAME	1	ADDITIONAL	. NAME(S)/INITI/	NL(S)	SUFFIX
7.	CHANGED OR ADDED INFORMATION: Complete for Assignment or P	arty information Ch	ange provide orly on	e came (7a or 7b) (use ex	est, luli name, d	ia tu., amil, m <sup>, at</sup>	or abbreviate any par	t of the Debta	or's name)
OR	7a. OPGANIZATION'S NAME WALKER & DUNLOP, LLC					C,	Xc.		
	76. INDIVIDUAL'S SURNAME								
	INDIVIDUAL'S FIRST PERSONAL NAME								
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)								SUFFIX
	<sup>†</sup> MAILING ADDRESS 61 WISCONSIN AVE., STE 1200E		OITY BETHESD	<b>\</b>		STATE MD	POSTAL COD 20814	Ë	COUNTRY USA
8.	COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four box indicate collateral:	es: MAE	D collaterai	DELETE collat	erai 🏎 Ri	ESTATE cove	red collateral	LI ASSK	3N collateral
9, 1	VAME of SECURED PARTY of RECORD AUTHORIZING THIS of this is an Amendment authorized by a DEBTOR, check here 9a. ORGANIZATION'S NAME	and provide n	ame of authorizing	J Debtor		nor, if this is a	n Assignment)		
OF	OPPENHEIMER MULTIFAMILY HOUS	ING & HE	ALTHCAR	E FINANCE,	INC.				
	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		/	ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

COOK COUNTY, ILLINOIS

GLEN OAKS NURSING AND REHABILITATION CENTRE; FHA PROJECT NO. 671-22170; (OPERATOR)

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### UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOL	LOW INSTRUCTIONS								
11.1	ITTIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on . 4816071								
*******	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 o	and the same of the same for any							
155.	12a. ORGANIZATION'S NAME	on Amendment form							
	OPPENHEIMER MULTIFAMILY HOUSING &	ù.							
	HEALTHCARE FINANCE, INC.								
	·								
OR	12b. INDIVIDUAL'S SURNAME								
Ų: ·	125. INDIVIDUAL CODE NAME								
	FIRST PERSONAL NAME								
	Take the transfer of the take								
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX							
			THE ABOVE S	PACE IS FOR FILING OFFICE USE ON	_Y				
19.5	lame of DEBTOR on related find value statement (Name of a current Debto	er of record required to	rindovina numacae antuin car	na filing affices eas instruction item 13)	Drovide only				
13. 1	name of DEBTON of related the holing statement (Name of a correst bacto ne Debtor name (13a or 13b) (us/ ex-ot, full name, do not omit, modify, or	ii orrecoru regaired ic : abbreviate any part c	r indexing purposes only in sor f the Debtor's name); see instr	ne ming crices - see instruction tiem 15) actions it name does not lit.	. Provide only				
	3a. ORGANIZATION'S NAME	_							
OR	GLEN OAKS NURSING & PEHABILITATION (	CENTRE, LTE	<b>)</b> .						
	Sb. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
	ADDITIONAL SPACE FOR ITEM 8 (Collateral)								
14. ADDITIONAL SPACE FOR ITEM'S (Collateral)  15. This FINARCING STATEMENT AMENOMENT:  16. Name and address of a RECORD OWNER of real estate describe in item 17  17. Description of real estate:  18. Name and address of a RECORD OWNER of real estate describe in item 17  19. Spe Pyhibit A									
	overs limber to be out  3 covers as extracted collateral  3 lied as Name and address of a RECORD OWNER of real estate describe in Item	a fixture filing	Exhibit A	0,5					
	(if Debtor does not have a record interest):	Sec		1/5.					
GLEN OAKS REAL ESTATE & DEVELOPMENT L.L. 5454 FARGO AVENUE SKOKIE, IL 60077				Offica					
	MCCC LANCOUS.								

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### **UNOFFICIAL COPY**

#### Exhibit A

Legal Description

THAT PART OF THE WEST HALF OF GOVERNMENT LOT I IN THE NORTHEAST QUARTER OF SECTION 2 AND THAT PART OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 2, TOWNSHIP 42 NORTH, RANGE I2, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT IN THE NORTHEASTERLY LINE OF DENNIS SUBDIVISION (WHICH SUBDIVISION IS DESCRIBED IN PLAT RECORDED AS DOCUMENT 14609563 IN BOOK OF FLATS #378 PAGE 38 RECORDED AUGUST 11, 1949) 25 FEET NORTHWESTERLY OF THE MOST EASTERLY CORNER OF SAID LOT II OF SAID SUBDIVISION, RUNNING THENCE SOUTHWESTERLY ON A LINE PARALLEL WITH THE SOUTHEASTERLY LINE OF SAID LOT II AND THE SAME EXTENDED SOUTHWESTERLY TO THE NORTHEASTERLY LINE OF THE RIGHT OF WAY OF PUBLIC SERVICE COMPANY OF NORTHERN ILLINOIS; THENCE NORTHWESTERLY ALONG THE LAST MENTIONED LINE TO ITS POINT OF INTERSECTION WITH THE NORTHWESTERLY LINE OF LOT 7 OF SAID SUBDIVISION PRODUCED TO THE NORTHEASTERLY LINE OF THE PUBLIC SERVICE COMPANY OF NORTHERN ILLINOIS; THENCE RUNNING NORTHEASTERLY ALONG THE SAID PRODUCED LINE OF SAID LOT FOR THE MOST NORTHERLY CORNER OF SAID LOT 7: THENCE RUNNING SOUTHEASTERLY ALONG THE NORTHEASTERLY LINE OF SAID DENNIS SUBDIVISION TO THE POINT OF BEGINNING, IN COOK Clert's Office COUNTY, ILLINOIS.