

# UNOFFICIAL COPY

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Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 11/25/2016 09:10 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  
**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 for:  
CHANGE name and/or address: Complete

ADD name: Complete item

DELETE name: Give record name

This Change affects Debtor  or  Secured Party of record

item 8a or 8b; and item 7a or 7b and item 7c

7a or 7b, and item 7c

to be deleted in item 8a or 8b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (8a or 8b)

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

**WALKER & DUNLOP, LLC**

OR

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

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

SUFFIX

7c. MAILING ADDRESS

**7501 WISCONSIN AVE., STE 1200E**

CITY

**BETHESDA**

STATE

**MD**

POSTAL CODE

**20814**

COUNTRY

**USA**

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:

**COOK COUNTY, ILLINOIS GLENBRIDGE NURSING AND REHABILITATION CENTRE; FHA PROJECT NO. 071-22168; (OPERATOR)**

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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 AND REHABILITATION CENTRE, LTD.**

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):

**GLENBRIDGE REAL ESTATE & DEVELOPMENT L.L.C.  
5454 FARGO AVENUE  
SKOKIE, IL 60077**

17. Description of real estate:

**See Exhibit A**

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

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.

Cook County Clerk's Office