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1824217044

Doc# 1824217044 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/30/2018 02:24 PM PG: 1 OF 3

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 |
| B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1480 33984 CSC 801 Adlai Stevenson Drive Springfield, IL 62702 |

Filed In: Illinois (Cook)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | |
|--|--|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 1815741004 06/06/2018 | 1b. <input checked="" type="checkbox"/> 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: 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 MidCap Financial Trust, as Agent | | | |
| 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 MidCap Funding VII Trust, as Agent | | | |
| OR | | | |
| 7b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

| | | | | |
|--|------------------|-------------|----------------------|----------------|
| 7c. MAILING ADDRESS 7255 Woodmont Avenue, Suite 200 | 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 MidCap Financial Trust, as Agent | | | |
| OR | | | |
| 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA: Debtor: LEXINGTON HEALTH CARE SYSTEMS OF ORLAND PARK LIMITED PARTNERSH 1480 33984

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UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
1815741004 06/06/2018

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

12a. ORGANIZATION'S NAME

MidCap Financial Trust, as Agent

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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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

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 described in item 17

(if Debtor does not have a record interest):

West Suburban Bank, as Trustee U/T/A dated 11/29/94 and known as Trust No. 10254.

17. Description of real estate:

Legal description attached hereto as Exhibit A and made a part hereof.

18. MISCELLANEOUS:

*Secured Party may be contacted at the address above c/o MidCap Financial Services, LLC, as servicer.

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(Orland Park)

EXHIBIT A

LEGAL DESCRIPTION

Lot 1 in Lexington Health Care's Orland Park Consolidation, being a consolidation of parcels in the West 1/2 of the Northwest 1/4 of Section 10, Township 36 North, Range 12, East of the Third Principal Meridian, according to the Plat thereof recorded November 15, 1996 as document 96872202, in Cook County, Illinois.

14601 John Humphrey Drive, Orland Park, IL 60462

PIN: 27-10-100-099