



2103428030

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

Doc# 2103428030 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/03/2021 01:03 PM PG: 1 OF 2

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)

2050 98170
CSC
801 Adlai Stevenson Drive
Springfield, IL 62703

Filed In: Illinois
(Cook)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER
1614044068 05/19/2016

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: 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 BELHAVEN NURSING AND REHABILITATION CENTER, LLC

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
USA

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral

Indicate collateral:
PLEASE SEE THE ATTACHED EXHIBIT A FOR DESCRIPTION OF REAL PROPERTY.

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 HOUSING & HEALTHCARE FINANCE, LLC

OR

9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor: BELHAVEN NURSING AND REHABILITATION CENTER, LLC - LOAN # 2050 98170
370001134

UNOFFICIAL COPY

Exhibit A
[Legal Description]

LOTS 3 TO 9, BOTH INCLUSIVE AND LOTS 25 TO 33, BOTH INCLUSIVE, ALL IN DAVOL'S SUBDIVISION OF LOTS 1 TO 11 IN BLOCK 'F' IN MORGAN PARK, RECORDED AS DOCUMENT 967566, IN SECTION 19, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT THAT PART DESCRIBED AS FOLLOWS: THAT PART OF SAID LOT 25 TOGETHER WITH THE SOUTH 15.08 FEET OF LOT 26, LYING WEST OF A LINE DRAWN 71.31 FEET WEST OF THE SOUTHEAST CORNER OF SAID LOT 25 AND 80.75 FEET WEST OF THE NORTHEAST CORNER OF SAID LOT 25, AS MEASURED ALONG THE NORTH AND SOUTH LINES OF SAID LOT 25, SAID LINE BEING PERPENDICULAR TO THE SOUTH AND NORTH LINES OF SAID LOT 25), ALL IN COOK COUNTY, ILLINOIS.

PERMANENT REAL ESTATE INDEX NO. 25-19-110-040-0000, vol. 463

ADDRESS: 11400 S. Bell Avenue, Chicago, IL 60643