## **UNOFFICIAL COPY**

Doc#. 2117945132 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Cook County Clerk
Date: 06/28/2021 03:35 PM Pg: 1 of 3

UCC FINANCING STATEMENT AMEN	OMENT		-	
FOLLOWINSTRUCTIONS		_		
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)				
2117 97907	1		•	
CSC 801 Adlai Stevenson Drive				
Springfield, IL 62703	Filed In: Illinois			
	(Cook)			
	`	THE ABOVE S	SPACE IS FOR FILING OFFICE USE	ONLY
1a, INITIAL FINANCING STATEMENT TUE NUMBER 1815741003 06/06/2018		1b. This FINANCING ST.	ATEMENT AMENDMENT Is to be filed (fo	r record)
2. TERMINATION: Effectiveness of the Fin ancir. Statement ide	ntified above is terminated v		nt Addendum (Form UCC3Ad) <u>and</u> provide Deb sterest(s) of Secured Party authorizing thi	
Statement				
ASSIGNMENT (full or partial): Provide name of Assignme in i For partial assignment, complete items 7 and 9 and a so indigute	tem 7a or 7b, <u>and</u> address o e affected collateral in item t	Assignee in Item 7c <u>and</u> na 3	me of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law	Jenth ed above with respect	to the security interest(s) of	Secured Party authorizing this Continual	ion Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	Check ine / I thuse three be		0 . 1	
This Change affects Debtor or Secured Party of record	CHANG Library and lor a item 6a or 6b; and item 7		name: Complete item DELETE name: r 7b, <u>and</u> item 7c	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inform	nation Change - prov de oni	one name (6a or 6b)		
6a. ORGANIZATION'S NAMEWEST SUBURBAN BAN	IK, AS TRUSTEE	U/T/A DTD 11/29/9	34 AND KNOWN AS TRUS	ST NO. 10
OR CHARLES CHENAME				
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL AM	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or [7a. ORGANIZATION'S NAME</li> </ol>	Party Information Change - provide	only one name ( a or 7b) (use exact,	full name; do not omit, modify, or abbreviate any part	of the Debtor's name)
		( )	<b>&gt;</b>	
OR 7ь, INDIVIDUAL'S SURNAME				
	•		74.	
INDIVIDUAL'S FIRST PERSONAL NAME				
			0.	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			O <sub>xx</sub>	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
			'C	
P COLLATERAL CHANCE: Alexandria (the Carbon		DELETE - U-t [		1001011 11 1
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	C THIC AMENDMENT, D			
	of this AMENDMENT: Pi nd provide name of authorizin		u) (Hairie of Assignor, if this is an Assignme	anı)
9a. ORGANIZATION'S NAME MID Cap Funding VII Trus				
	<b>.</b>			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10 ODTIONAL ERED DECEDENCE DATA DL		A C TD 10 TEE 111	TIA DTD 44/00/04 AND	
10. OPTIONAL FILER REFERENCE DATA:Debtor:WEST S KNOWN AS	OODOKBAN BANK	, AS IKUSIEE U/	17A DTD 11/29/94 AND	2117 97907

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	CC FINANCING STATEMENT AMENDMENT AD	DENDUM			
11.	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendmer 815741003 06/06/2018	nt form			
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amend	ment form			
	12a. ORGANIZATION'S NAME MidCap Funding VII Trust, as Agent				
OR	12b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME				
	ADDITIONAL NAME(S)/INIT.24(S)	SUFFIX			
	ADDITIONAL NAME(S)/INCL. 26,	SOFFIX	THE ABOVE	SPACE IS FOR FILING OFFICE U	SE ONLY
13.	Name of DEBTOR on related financing stratement (Name of a current Debtor of reco		ing purposes only in s	some filing offices - see Instruction item "	
	one Debtor name (13a or 13b) (use exact, full name; co not omit, modify, or abbreviate any	part of the Debtor's	name); see Instructio	ns if name does not fit	
	Ox				
OR		PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14.	ADDITIONAL SPACE FOR ITEM 8 (Collateral):	Colhi		·	
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15	This FINANCING STATEMENT AMENDMENT:	47 Description	on of coal coloin		
15.	covers timber to be cut covers as-extracted collaterat is filed as a fixture	Legal d	escription atta	ached hereto as Exhibit A	and made
	Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	a part h	ereot.		
	,			1	
				,	
18	MISCELLANEOUS:	<u> </u>			

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COOK COUNTY CLOPKS OFFICE

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## **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.

21/0 100099 W 601 John Humphray Dr Orland Park Ill 60462