form 668(Z)

UNO Department of the first forming a service)

Name of Taxpayer Halsted T		'orrace Nursing Center Inc.			
Residence		th Halstad Fllinois 60628			
Kind of Tax	Tex Period	Identifying Pumber	Date of Assessment	Last Day for Retiling	Unpaid Balance of Assessment
940 941	(b) 12-31-80 12-31-81	(0)	5-25-81 2-15-82	(0)	3,360,05 34,216,31
			OUNT	Cortis	enorgon, a
Cook Cour	Of Deeds nty Illinois			Total	37,556,36

