## UNOFFICIAL COPY

			oc#: 1313645058 Fee: \$42.00 SP Fee:\$10.00 Affidavit Fee:			
NAME & PHONE OF CONTACT AT FILER [optional] SARAH A. WADE 314.552.6197	ren A.Yarbrough					
SARAH A. WADE 314.332.0197  SEND ACKNOWLEDGMENT TO: (Name and Address)	Co	Cook County Recorder of Deeds				
. SEND ACKNOWLEDGMENT TO: (Name and Address)	Da	ate: 05/16/2013 01:48 PM Pg: 1 of 3				
SARAH A. WADE, ESQ.	l	10, 00, 10, 1				
THOMPSON COBURN LLP						
ONE US BANK PLAZA						
ST. LOUIS, MISSOURI 63101						
,						
	H					
DGUT#13-0010	THE ABOVE S	PACE IS FO	R FILING OFFICE US	E ONLY		
DEBTOR'S EXACT FULL LEGAL NVME - insert only one debtor name (1a or 1						
1a. ORGANIZATION'S NAME	10) - 00   10   10   10   10   10   10   10					
TOLLWAY INDUSTRIAL SENTER LIMITED	D PARTNERSHIP					
R 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX		
10, INDIVIDUAL SEASTIVAIME						
	CITY	STATE	POSTAL CODE	COUNTRY		
c. MAILING ADDRESS	HOFFMAN ESTATES	1L	60169	USA		
2500 W. HIGGINS ROAD, SUITE 400		1g, ORGANIZATIONAL ID #, if any				
d. SEEINSTRUCTIONS ADD'L INFO RE 1e, TYPE OF ORG (NIZATION	1f, JURISDICTION OF ORGANIZATION	" 00447E0				
	!! 4 !\ ! \ ! \		ILS011753			
ORGANIZATION LIMITED PARTNERS	SHI, ILLINOIS	ILSO	11755	NON		
DEBTOR LIMITED FAIRT IE			11755	NON		
			17753	NON		
DEBTOR CINVILLE TAKEN CO.  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only and		ine names				
DEBTOR CINVILLE TAKEN CO.  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only and				SUFFIX		
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only 20s 2a. ORGANIZATION'S NAME	e r eot ir name (2a or 2b) - do not abbreviate or comb	ine names				
Za. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME	e r eot ir name (2a or 2b) - do not abbreviate or comb	ine names				
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only 20s 2a. ORGANIZATION'S NAME	e eot ir name (2a or 2b) - do not abbreviate or comb	ine names	NAME	SUFFIX		
DEBTOR CINVITED TAXTOR CONTROL OF THE PROPERTY	e r eot ur name (2a or 2b) - do not abbreviate or comb	MIDDLE STATE	NAME	SUFFIX		
DEBTOR  C. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only and 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. SEEINSTRUCTIONS  ADD'L INFO RE   2e. TYPE OF ORGANIZATION ORGANIZATION	e eot ir name (2a or 2b) - do not abbreviate or comb	MIDDLE STATE	NAME POSTAL CODE	SUFFIX		
DEBTOR  C. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only and 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. SEEINSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR	FIF ST NAME  CITY  2f. JURISDICTION OF OR JANIZATION	MIDDLE STATE	NAME POSTAL CODE	SUFFIX		
DEBTOR  DEBTOR  DEBTOR  LINITED TAXTILL  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only and 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. SEEINSTRUCTIONS  ADDIL INFO RE ORGANIZATION ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR)	FIF ST NAME  CITY  2f. JURISDICTION OF OR JANIZATION	MIDDLE STATE	NAME POSTAL CODE	SUFFIX		
DEBTOR  DEBTOR  DEBTOR  LINITED TAKET LESS AND THE DEBTOR'S EXACT FULL LEGAL NAME - insert only and 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. SEEINSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	FIF ST NAME  CITY  2f. JURISDICTION OF OR JANIZATION	MIDDLE STATE	NAME POSTAL CODE	SUFFIX		
DEBTOR  DEBTOR  LINITED TANTILLIS  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only and 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR NAME NORTHERN BANCORP, LLC	FIF ST NAME  CITY  2f. JURISDICTION OF OR JANIZATION  S/P)-insertonly one secured party nam. (2n or 2o)	MIDDLE STATE	NAME  POSTAL CODE  GANIZATIONAL ID #, if any	SUFFIX COUNTRY		
DEBTOR  DEBTOR  DEBTOR  LINITED TAKET LESS AND THE DEBTOR'S EXACT FULL LEGAL NAME - insert only and 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. SEEINSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	FIF ST NAME  CITY  2f. JURISDICTION OF OR JANIZATION	MIDDLE STATE	NAME  POSTAL CODE  GANIZATIONAL ID #, if any	SUFFIX		
DEBTOR  DEBTOR  LINITED TANTILLIS  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only and 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR NAME NORTHERN BANCORP, LLC	FIF ST NAME  2f. JURISDICTION OF OR JANIZATION  S/P)- insert only one secured party nam. (30 or 5)	MIDDLE STATE 2g. ORG	NAME  POSTAL CODE  SANIZATIONAL ID #, if any	SUFFIX  COUNTRY  NON		
DEBTOR  DEBTOR  DEBTOR  LINITED TANTILL  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only and 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. SEEINSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR NORTHERN BANCORP, LLC  3b. INDIVIDUAL'S LAST NAME	FIF ST NAME  CITY  2f. JURISDICTION OF OR JANIZATION  S/P)-insertonly one secured party nam. (2n or 2o)	MIDDLE STATE	NAME  POSTAL CODE  SANIZATIONAL ID #, if any	SUFFIX  COUNTRY  SUFFIX  COUNTRY		
DEBTOR  DEBTOR  LINITED TANTILLIS  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only and 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  2c. MAILING ADDRESS  2d. SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR NAME NORTHERN BANCORP, LLC	FIF ST NAME  2f. JURISDICTION OF OR JANIZATION  S/P)-insert only one secured party nam. (2n or 2o)  FIRST NAME	MIDDLE STATE 2g. ORG	NAME  POSTAL CODE  SANIZATIONAL ID #, if any	SUFFIX  COUNTRY  NON		

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNER BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL if applicable [if applicable] 7. Check to REQUEST SEARCH REPORT(S) on Debtor (s) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

SEE CONTINUATION SHEET ATTACHED HERETO AND INCORPORATED HEREIN AS EXHIBIT A FOR THE LEGAL

55702/NORTHERN BANCORP, LLC - COOK COUNTY, ILLINOIS

PROCEEDS AND PRODUCTS OF ASSETS OF DEBTOR.

DESCRIPTION OF THE REAL ESTATE TO WHICH THE FIXTURES ARE RELATED.

1313645058 Page: 2 of 3

# **UNOFFICIAL COPY**

LLOW INSTRUCTIONS		NT ADDENDUM Carefully					
NAME OF FIRST DEB	TOR (1a or 1b) Of	N RELATED FINANCING STA	ATEMENT				
9a. ORGANIZATION'S N							
		ENTER LIMITED PAF	RTNERSHIP	1			
9b. INDIVIDUAL'S LAST		FIRST NAME	MIDDLE NAME SUF	FIX			
96. INDIVIDUAL S LAST	NAME	FIRST NAME					
MISCELLANEOUS:	<del></del>	· ·		┪			
	000						
	()	h.		THE ABO	VE SPACE I	S FOR FILING OFFI	CE USE ONLY
ADDITIONAL DEBT	OR'S EXACT FULL	LFGAL NAME - insert only one	name (11a or 11b) - do not ab	breviate or combine r	names		
11a. ORGANIZATION'S							
		0.0					
R 11b. INDIVIDUAL'S LAS	TNAME		FIRST NAME		MIDDLE I	IAME	SUFFIX
TTD, INDIVIDUAL 5 LAS	LINUME						
			0.177		STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS		0	CITY		SINIE		
			<u> </u>	SOALUZATION!	44- 000	SANIZATIONAL ID#, if a	<b>6</b> 1/
d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	11e, TYPE OF ORGANIZATION	T1f. JURISDICTION OF O	RGANIZATION	111g. ORG	SANIZATIONAL ID#, IT a	
	DEBTOR						N
ADDITIONAL SE	CURED PARTY	'S or ASSIGNOR S/P	S NAIvic insirt only one n	ame (12a or 12b)			
2. ADDITIONAL SE 12a, ORGANIZATION'S	NAME	0 91 11001011011	0,				
			4				
R 12b. INDIVIDUAL'S LAS	TALABAT		FIRST NAME		MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAS	NAME		T JI COT TO TOTAL	/_			İ
					STATE	POSTAL CODE	COUNTRY
C. MAILING ADDRESS			CITY		John	05///2002	
3, This FINANCING STATI	EMENT covers tir	mber to be cut or as-extracte	d 16. Additional collateral of	description:			
collateral, or is filed as	a fixture filing.	_			<b>Z</b> .		
collateral, or is filed as Description of real esta	te:		,				
DESCRIPTION		FSTATE			, 9,		
ATTACHED F	IERETO AS	S EXHIBIT A.				J.C.	
						IFICO .	
			İ				
						CiO	
						CV	
_		مهمد فرياد والمرووق والمعادو					
<ol><li>Name and address of a (if Debtor does not hav</li></ol>	a RECORD OWNER o e a record interesti:	of above-described real estate					
(III Deptot does not lies							
			17. Check only if applica	able and check <u>only</u> o	ne box.		
			Debtor is a Trust	Trustee acting	with respect to	property held in trust o	Decedent's
			18. Check only if applica				
			Debtor is a TRANSM				
					Home Transacti	on — effective 30 years	
			ii i riled in connection	a manuacturou"			
				with a Public-Finance			

1313645058 Page: 3 of 3

## **UNOFFICIAL COPY**

#### **EXHIBIT "A"** TO UCC FILING

### NORTHERN BANCORP, LLC, as Secured Party, and TOLLWAY INDUSTRIAL CENTER LIMITED PARTNERSHIP, as Debtor

#### LEGAL DESCRIPTION

PARCEL 1: LOT 8 IN BARRINGTON SQUARE INDUSTRIAL CENTER UNIT NO. 1, BEING A SUBDIVISION OF PARTS OF FRACTIONAL SECTION 6, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

LOTS 1 & 2 IN MOSEC'S RESUBDIVISION, BEING A RESUBDIVISION OF LOT 2 AND THAT PART OF LOT 3, LYING SOUTH OF A LINE, DRAWN AT RIGHT ANGLES, THROUGH A POINT ON THE EAST LINE OF SAID LOT 3, 274.00 FEET SOUTH OF THE NORTHEAST CORNER OF SAID LOT 3, ALL IN THE RESUBDIVISION OF PART OF LOT 12, AND ALL OF LOT 13 IN BARRINGTON SQUARE INDUSTRIAL CENTER UNIT NO. ONE, AND ALL OF LOT 14 IN BARRINGTON SQUARE INDUSTRIAL CENTER UNIT NO. TWO, BOTH BEING A SUBDIVISIONS OF PART OF FRACTIONAL SECTION 6, TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 24, 1977 AS DOCUMENT 23797957, IN COOK COUNTY, ILLINOIS.

EASEMENT FOR BENEFIT OF A PORTION OF PARCEL 2 FOR INGRESS AND EGRESS AS CREATED BY GRANT OF EASEMENT RECORDED AS POCUMENT 23495220.

THE FOLLOWING IS FOR INFORMATIONAL PURPOSES ONLY:

PARCEL 1:

ADDRESS: 2400 HASSELL RD., HOFFMAN ESTATES, IL 60169

PINS: 07-06-201-012-0000 & 07-06-201-013-0000

PARCEL 2:

ADDRESS: 2200 STONINGTON AVE., HOFFMAN ESTATES, IL 60169

PINS: 07-06-102-018-0000 & 07-06-102-019-0000