# UNOFFICIAL COPY

4333 EDGEWOOD ROAD, N.E. CEDAR RAPIDS IA 5249. USA	CC FINANCING STATEMENT AMENDMEDILOW INSTRUCTIONS	ENT	Doc	1504939	ess:	
EARLI CONTOC AT FILER (optional) Insc@greenaster.com SEND ACKNOWLE EDGEMENT TO: (Name and Address)  Hallie E. Still-Caris Nyemaster Goode, P.C. 700 Walnut St. Suite 1600 Des Moines, 10 No. 5 0309  ITERAINATION Effectiveness of the Figuricing Statement (carifold above is ferminated with respect to the decority interest(s) of Secured Party authorizing his Terminated Statement  ASSIGNMENT fluid or partable. Provide ourse of Seasonauth to the 7 to 7.0 authorized to 10 the security interest(s) of Secured Party authorizing his Terminated Statement  ASSIGNMENT fluid or partable. Provide ourse of Seasonauth to 7 to 7.0 authorized to 10 the security interest(s) of Secured Party authorizing his Terminated Statement  ASSIGNMENT fluid or partable. Provide ourse of Seasonauth to 7 to 7.0 authorized to 10 the security interest(s) of Secured Party authorizing his Terminated Statement  ASSIGNMENT fluid or partable. Provide ourse of Seasonauth to 7 to 7.0 authorized to 10 the security interest(s) of Secured Party authorizing his Terminated Continued for 10 the add to 10 and part of 10 the 20 authorized in 10 the 10 and 1		: 	111701	1 cc. 48.00 F	12HF Fee: \$1 AA	00
Date: 02/18/2015 10:01 AM Pg: 1 of 5   Hallie E. Still-Caris   Nyemaster Goode, P.C.   700 Walnut St, Suite 1600   Des Moines, 16 Nic 5 0309   ORI 16 Nic 5 0309   O			Karen	A. Yarbrough	1	
Hallie E. Still-Caris Nyemaster Goode, P. C. 700 Walnut St, Asulte 1600 Des Moines, 16742 50309  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INTIAL FIRNACING STATEMENT JUE ALMSER 215813064  TERMINATION Effectiveness of the Figurious Statement identified above is terminated with respect to the scorely interest(s) of Secured Party authorizing this Terminator Statement  TERMINATION Effectiveness of the Figurious Statement identified above is terminated with respect to the scorely interest(s) of Secured Party authorizing this Terminator Statement  ASSIGNMENT (field or partial). Provide care of (such people) interest 70 or 7th, and address of Assignment to the scorely interest(s) of Secured Party authorizing this Terminator Statement on the Statement of Interest (so the Secured Party authorizing this Terminator Continual Statement on Statem			Date:	02/18/2015 1	rder of Deeds 0:01 AM Par 1 of 5	
Nytemater Goode, P.C. 700 Walnut St. Suite 1600 Des Moines, rovid 50309  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITHAL FIRMACING STATEMENT/ILE-(ILMISES)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  STATE FIRMACING STATEMENT/ILE-(ILMISES)  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE ONLY	SEND ACKNOWLEDGMENT TO: (Name and Address)	,				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INTIAL FINANCING STATEMENT IN THE MINISTER SUMMER  ITERMINATION Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party surhorizing this Termination Statement and Secure Party surhorizing this Termination Statement and Secure Party surhorizing this Termination Statement and Secure Party surhorizing this Termination Statement Interest Party and Secure Party surhorizing this Termination Statement Interest Party and Secure Party surhorizing this Termination Statement Interest Party and Secure Party surhorizing this Termination Statement Interest Party and Secure Party surhorizing this Termination Statement Interest Party Interest Party Interest Party	Nyemaster Goode, P.C. 700 Walnut St., Suite 1600	. 7				
INTIME FINANCING STATEMENT NO. De flied for record]  ITSAIJ3064  ITSAIJ3064  ITSAIJ3064  ITSAIJ3064  ITSAIJ3064  ITSAIJ3066  I		<i>A</i> ?	THE ABOVE	CD 4 OF 10 FO		NEW V
ASSIGNMENT (full or partial): Provide name of sasteness at the filtering of secured party authorizing this Termination Statement	. INITIAL FINANCING STATEMENT, ILE NUMBER	1				
ASSIGNMENT (full or partiall): 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 invicate affected collateral in item 8  CONTINUATION: Effectiveness of the Financing Statem of Interest (and the Statement of the additional period provided by applicable interest (and the security interest(s) of Secured Party authorizing this Continuation Statement continued for the additional period provided by applicable interest (and the security interest) of Secured Party authorizing this Continuation Statement continued for the additional period provided by applicable interest (and the secure of Secured Party information Change)  PARTY INFORMATION CHANGE:  AND Check and of the set have boxes to:  CHANGE in an en onder address: Complete  ADD name: Complete item Oct.  ADD name: Complete item Oct	215813064		(or recorded) in the	REALESTATE	RECORDS	
ASSIGNMENT (full or partial): Provide name of (sistinges in tem 7 or 70, and address of Assignee in item 7 c and name of Assignor in Item 9 For partial assignment, complete items 7 and 9 and 100, sticled affected collateral in Item 8  CONTINUATION: Effectivenes of the Financing Statem in decisifed above with respect to the security interest(s) of Secured Party authorizing his Continuation Statemer continued for the additional period provided by applicable into the continuation of the security interest of the security interest of the Secured Party authorizing his Continuation Statemer continued for the additional period provided by applicable into the continuation of the security interest		above is terminated w	ith respect to the security	interest(s) of Sec	cured Party authorizing this	Termination
Continued for the additional period provided by applicable law.    PARTY INFORMATION CHANGE:   Check sone of these two boxes:   County two boxe	ASSIGNMENT (full or partial): Provide name of sssic nee in item 7a			ame of Assignor	in item 9	
Check org of these two boxes:  Check org of these three boxes for the surplementary of the su		ied above with respect	to the security interest(s)	of Secured Party	authorizing this Continuatio	n Statement is
Bio INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  SUFFIX  CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only gog immerity a or 70 M/ms, exact, full name; do not omit, modify, or abbreviate any part of the Destor's information Change - provide only gog immerity a or 70 M/ms, exact, full name; do not omit, modify, or abbreviate any part of the Destor's information Change - provide only gog immerity a or 70 M/ms, exact, full name; do not omit, modify, or abbreviate any part of the Destor's information Change - provide only gog immerity a continuation of the Destor's information Change - provide only gog immerity and the provide and god information Change - provide only gog immerity and continuation Change - provide indicate collateral  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gog 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]  ACCORDIA LIFE AND ANNUITY COMPANY	Check one of these two boxes:  This Change affects Debtor or Secured Party of record  CURRENT RECORD INFORMATION: Complete for Party Information  6a. ORGANIZATION'S NAME	CHANC E name and/or a item 6s. or 6b:tem 7 Change - p ovide only of	ddress: Complete Ale a or 7b and item 7c 7a	DD name: Comple or 7b, <u>and</u> item 7d		
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only gage timular (7s or 7b) free exact, full name; do not omit, modify, or abbreviate any part of the Debter's in 7ra. ORGANIZATION'S NAME  ACCORDIA LIFE AND ANNUITY COMPANY  76 INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  CEDAR RAPIDS  TATE  CEDAR RAPIDS  TOTY  STATE  POST AL CODE  COUNTY  STATE  COVERED COLLATERAL CHANGE: Also check gag of these four boxes:  ASSIGN coll Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only gage 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  So. ORGANIZATION'S NAME  ACCORDIA LIFE AND ANNUITY COMPANY	ndreinrythal lirringiidance /		Arres 1			
TO INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  333 EDGEWOOD ROAD, N.E.  CEDAR RAPIDS  COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN coll Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name of authorizing Debtor  Ba. ORGANIZATION'S NAME  ACCORDIA LIFE AND ANNUITY COMPANY	, L			ADDITIO	NAL NAME/QV/NITTAL/QV	Tencery
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  GITY  CEDAR RAPIDS  IA  5249.1  USA  COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN coll Indicate collateral:  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  ACCORDIA LIFE AND ANNUITY COMPANY	6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL VAN E			
MAILING ADDRESS  CITY CEDAR RAPIDS  IA  5249.1  USA  COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN coll Indicate collateral:  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  ACCORDIA LIFE AND ANNUITY COMPANY	6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information P	FIRST PERSON  Information Change - provide of	AL VAN E			
CEDAR RAPIDS  IA 5249 USA  COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN coll Indicate collateral:  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  ACCORDIA LIFE AND ANNUITY COMPANY	6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Complete for Assignment On Complete for Assignment Complete f	FIRST PERSON  Information Change - provide of	AL VAN E			
COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral Indicate collateral:  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  ACCORDIA LIFE AND ANNUITY COMPANY	6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information or Party Info	FIRST PERSON  Information Change - provide of	AL VAN E			(the Debtor's name)
Indicate collateral:  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  ACCORDIA LIFE AND ANNUITY COMPANY	6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In Tra. ORGANIZATION'S NAME  ACCORDIA LIFE AND ANNUITY CO  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	FIRST PERSON  nformation Change - provide of	AL_VAN E only <u>one</u> e (7a or 7b) (e exac	st, full name; do not or	nit, modify, or abbreviate any part of	SUFFIX COUNTRY
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  9a. ORGANIZATION'S NAME  ACCORDIA LIFE AND ANNUITY COMPANY	6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information's Name  ACCORDIA LIFE AND ANNUITY CO  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  333 EDGEWOOD ROAD, N.E.	FIRST PERSON  nformation Change - provide of DMPANY  CITY  CEDAR	ntly one ite (7a or 7b) (e exactly one ite)	st, full name; do not or	POST AL CODE 5249 3	(the Debtor's name)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor  Ba. ORGANIZATION'S NAME  ACCORDIA LIFE AND ANNUITY COMPANY	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information's NAME  ACCORDIA LIFE AND ANNUITY CO  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  333 EDGEWOOD ROAD, N.E.  COLLATERAL CHANGE: Also check one of these four boxes:	FIRST PERSON  nformation Change - provide of DMPANY  CITY  CEDAR	ntly one ite (7a or 7b) (e exactly one ite)	st, full name; do not or	POST AL CODE 5249 3	suffix  COUNTRY USA
ACCORDIA LIFE AND ANNUITY COMPANY	Gb. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information's NAME  ACCORDIA LIFE AND ANNUITY CO  75. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  1333 EDGEWOOD ROAD, N.E.  COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	FIRST PERSON  nformation Change - provide of  DMPANY  CITY  CEDAR  ADD collateral	RAPIDS  DELETE collateral	STATE  IA  RESTATE C	POSTAL CODE  5249.1	SUFFIX COUNTRY USA
R 95. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	6b. INDIVIDUAL'S SURNAME  CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information's NAME  ACCORDIA LIFE AND ANNUITY CO  7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  333 EDGEWOOD ROAD, N.E.  COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIs fithis is an Amendment authorized by a DEBTOR, check here and process.	FIRST PERSON  nformation Change - provide of DMPANY  CITY CEDAR  ADD collateral	RAPIDS  DELETE collateral	STATE  IA  RESTATE C	POSTAL CODE  5249.1	SUFFIX COUNTRY USA
	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In Ta. ORGANIZATION'S NAME  ACCORDIA LIFE AND ANNUITY CO  75. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  333 EDGEWOOD ROAD, N.E.  COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS this is an Amendment authorized by a DEBTOR, check here and proper in the party of the party	FIRST PERSON  Information Change - provide of DMPANY  CITY CEDAR  ADD collateral  HIS AMENDMENT: Fovide name of authorizin	RAPIDS  DELETE collateral  Provide only one name (9a only Debtor	STATE IA  RESTATE of Pb) (name of As	POSTAL LODE 5249.1  covered collateral	SUFFIX COUNTRY USA ASSIGN collateral

1504939036 Page: 2 of 5

## **UNOFFICIAL COPY**

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	NT ADDENDUM		
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a or 1215813064	n Amendment form		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item	9 on Amendment form		
12a. ORGANIZATION'S NAME ACCORDIA LIFE AND ANNUITY COM	IPANY		
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
LINGT PERSONNE IN TE			
ADDITIONAL NAME(S)/INIT . L(S	SUFFIX THE A	ABOVE SPACE IS FOR FILING OFFICE L	ISE ONLY
13. Name of DEBTOR on related financing struement (Name of a current Done Debtor name (13a or 13b) (use exact, full name of 30 not omit, modify, or at			13): Provide only
13a. ORGANIZATION'S NAME		10-38-73 %	
OR 13b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
15. This FINANCING STATEMENT AMENDMENT:	17. Description of real es	State:	
covers timber to be cut covers as-extracted collateral significant forms and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	ed as a fixture filing SEE EXHIBIT	A ATTACHED HERETO.	

1504939036 Page: 3 of 5

### **UNOFFICIAL COPY**

Debtor - Cole ID Harvey IL, LLC Secured Party - Accordia Life and Annuity Company

#### **EXHIBIT A**

#### Legal Description

Real property in the City of Harvey, County of Cook, State of Illinois, described as follows:

TRACT I.

A TRACT OF LAND COMPRISING A PART OF THE NORTHWEST 1/4 OF SECTION 29, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, SAID TRACT OF LAND BEING DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT 480 FEET WEST OF THE EAST LINE OF SAID NORTHWEST 1/4 AND 33 FEET NORTH OF THE SOUTH LINE OF SAID NORTHWEST 1/4, SAID POINT ALSO BEING THE SOUTHWEST 1/4 CORNER OF THE PROPERTY CONVEYED BY THE ILLINOIS CENTRAL RAILROAD COMPANY TO BERNARD ARQUILLA AND RUTH ARQUILLA BY DEED DATED JULY 25, 1957; THENCE NORTH ALONG THE WESTERLY LINE OF THE PROPERTY CONVEYED IN THE AFORESAID DEED, A DISTANCE OF 861 FEET; THENCE SOUTH 89 DEGREES 23 MINUTES 07

SECONDS WEST, PERPENDICULAR TO LAST SAID WESTERLY LINE, A DISTANCE OF 123.00 FEET; THENCE SOUTH 00 DEGREES 36 MINUTES 53 SECONDS EAST, A DISTANCE OF 164.00 FEET; THENCE SOUTH 89 DEGREES 23 MINUTES 07 SECONDS WEST, A DISTANCE OF 164.00 FEET; THENCE SOUTH 89 DEGREES 36 MINUTES 53 SECONDS EAST A DISTANCE OF 82.00 FEET; THENCE SOUTH 89 DEGREES 23 MINUTES 07 SECONDS WEST, A DISTANCE OF 82.00 FEET; THENCE SOUTH 00 DEGREES 36 MINUTES 53 SECONDS EAST, A DISTANCE OF 411.28 FEET; TO AN INTERSECTION WITH A LINE DRAWN PARALLEL WITH AND 33 FEET NORTH OF SAID SOUTH LINE OF THE NORTHWEST 1/4 OF SECTION 29; THENCE EAST ALONG SAID PARALLEL LINE, A DISTANCE OF 369.00 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.

#### TRACT II:

NON-EXCLUSIVE EASEMENT FOR DRAINAGE OF SURFACE AND STORM WATER SET FORTH IN DRAINAGE EASEMENT AGREEMENT, DATED OCTOBER 21, 2011 AND RECORDED CC: OBER 28, 2011 AS DOCUMENT 1130129039.

Common Address: 1230 West 171st Street, Harvey, Illinois 60426

Permanent Tax ID Number: 29-29-100-006

### **UNOFFICIAL COPY**

Debtor - Cole ID Harvey IL, LLC Secured Party - Accordia Life and Annuity Company

# EXHIBIT B TO UCC FINANCING STATEMENT

This Financing Statement covers all right, title and interest of the Debtor in and to the following types (or items) of property, whether now owned or hereafter acquired by the Debtor (the "Collateral"):

- A. Any and all leases, subleases, licenses, concessions or grants of other possessory interests now or hereafter in force, oral or written, covering or affecting the real estate described in Exhibit A to this Financing Statement (the "Land") or any buildings or improvements belonging or in anyway appertaining thereto, or any part thereof;
- B. All proceeds, including, but not limited to, all rents, issues, uses, profits, insurance claims and proceeds and condemnation awards now or hereafter belonging or in any way pertaining to (1) the Land; (2) each and every building and improvement and all of the properties on the Land; and, (3) each and every lease, sublease and agreement described in the foregoing paragraph A and each and every right, title and interest thereunder;
- C. All instruments (including promissory notes), financial assets, documents, accounts, chattel paper (whether tangible or electronic), deposit accounts, letter-of-credit rights, supporting obligations, any other contract rights or rights to the payment of money, and all general integables (including, without limitation, payment intangibles, and all recorded data of any kind or nature, regardless of the medium of recording, including, without limitation, all software, writings, plans, specifications and schematics) now or hereafter belonging or in any way pertaining to (1) the Land; (2) each and every building and improvement and all of the properties on the Land; and, (3) each and every lease, sublease and agreement described in the foregoing paragraph A and each and every right, title and interest thereunder; and
- D. All machinery, apparatus, equipment, fixtures and articles of personal property of every kind and nature now or hereafter located on the Land or upon or within the buildings and improvements belonging or in anyway appertaining to the Land and used or usable in connection with any present or future operation of the Land or any building or improvement now or hereafter located thereon and the fixtures and the equipment which may be located on the Land (hereinafter called the "Equipment") and now owned or hereafter acquired by Debtor, including, but without limiting the generality of the foregoing, any and all furniture, furnishings, partitions, carpeting, drapes, dynamos, screens, awnings, storm windows, floor coverings, stoves, refrigerators, dishwashers, disposal units, motors, engines, boilers, furnaces, pipes, plumbing, elevators, cleaning, call and sprinkler systems,

1504939036 Page: 5 of 5

### **UNOFFICIAL COPY**

Debtor – Cole ID Harvey IL, LLC Secured Party - Accordia Life and Annuity Company

> fire extinguishing apparatus and equipment, water tanks, maintenance equipment, and all heating, lighting, ventilating, refrigerating, incinerating, air-conditioning and air-cooling equipment, gas and electric machinery and all of the right, title and interest of Debtor in and to any Equipment which may be subject to any title retention or security agreement superior in lien to the lien of the Mortgage to which this financing statement relates and all additions, accessions, parts, fittings, be a be a cook County Clark's Office accessories, replacements, substitutions, betterments, repairs and proceeds of all of the foregoing, all of which shall be construed as fixtures and will conclusively