

# UNOFFICIAL COPY



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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/08/2017 01:58 PM PG: 1 OF 3

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**DLA Piper LLP (US)**  
500 Eighth Street, NW  
Washington, DC 20004  
Attention: Frederick L. Klein

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME  
**CLPF - KSA GROCERY PORTFOLIO EVANSTON WF, LLC**

OR

1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**c/o Clarion Partners, 230 Park Avenue, 12<sup>th</sup> Floor New York NY 10169 USA**

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 2 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (or NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY): Provide only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**AXA EQUITABLE LIFE INSURANCE COMPANY**

OR

3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**1290 Avenue of the Americas New York NY 10104 USA**

4. COLLATERAL: This FINANCING STATEMENT covers the following collateral:

**ALL OF DEBTOR'S RIGHT, TITLE AND INTEREST IN AND TO ALL ASSETS OF DEBTOR NOW OWNED OR  
HEREAFTER ACQUIRED, AND ALL PRODUCTS AND PROCEEDS THEREOF, INCLUDING, WITHOUT  
LIMITATION, THOSE WHICH ARE LOCATED AT THE PROPERTY DESCRIBED ON EXHIBIT A  
ATTACHED HERETO AND MADE A PART HEREOF.**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  
 Public Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA

**AXA/Clarion Grocery Portfolio - To be filed in Cook County, IL (1111 Chicago Avenue)**

International Association of Commercial Administrators (IACA)

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV.04/2011)

NO 807532-7

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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF DIRECT DEBTOR: Same as item 1a or 1b on Financing Statement; if line 1 b was left blank because Individual Debtor name did not fit, check here

<b>OR</b>	9a. ORGANIZATION'S NAME	
	<b>CLPF - KSA GROCERY PORTFOLIO EVANSTON WF, LLC</b>	
	9b. INDIVIDUAL'S SURNAME	
	FIRST PERSONAL NAME	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

10. DEBTOR'S NAME: Provide (10A OR 10B) only one Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name: do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c.

<b>OR</b>	10a. ORGANIZATION'S NAME			
	10b. INDIVIDUAL'S SURNAME			
	INDIVIDUAL'S FIRST PERSONAL NAME			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTALCODE	COUNTRY

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

<b>OR</b>	11a. ORGANIZATION'S NAME			
	11b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTALCODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded in the REAL ESTATE RECORDS (if applicable))

14. This FINANCING STATEMENT AMENDMENT:

covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

16. Description of real estate:

See Exhibit A attached hereto.

17. MISCELLANEOUS:

**AXA/Clarion Grocery Portfolio – To be filed in Cook County, IL (1111 Chicago Avenue)**

International Association of Commercial Administrators (IACA)

FILING OFFICE COPY-- UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (Rev. 04/20/11)

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## EXHIBIT A

TO UCC FINANCING STATEMENT BETWEEN  
CLPF - KSA GROCERY PORTFOLIO EVANSTON WF, LLC, AS DEBTOR -

AND

AXA EQUITABLE LIFE INSURANCE COMPANY, AS SECURED PARTY

### Legal Description

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

PARCEL 1:

LOT 1 OF LEVY'S PLAT OF CONSOLIDATION OF LOTS 12 TO 15 IN BLOCK 77 IN NORTHWESTERN UNIVERSITY SUBDIVISION OF THE NORTH 1/2 OF THE NORTH 1/2 (EAST OF CHICAGO AVENUE) OF SECTION 19, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE 15 1/2 ACRES IN THE NORTH EAST CORNER OF SAID TRACT), IN COOK COUNTY, ILLINOIS.

PARCEL 2:

PLAT OF CONSOLIDATION OF LOTS 16, 17, 18, 19, 20 AND PART OF LOT 21 IN BLOCK 77 IN NORTHWESTERN UNIVERSITY IN THE NORTH 1/2 OF THE NORTH 1/2 OF SECTION 19, TOWNSHIP 41 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING EAST OF CHICAGO AVENUE (EXCEPT 15 1/2 ACRES IN THE NORTHEAST CORNER THEREOF) IN COOK COUNTY, ILLINOIS.

1101-1137 Chicago Avenue  
Evanston, IL 60202

PIN(s): 11-19-207-030-0000  
11-19-207-031-0000  
11-19-207-032-0000

Exhibit A