# **UNOFFICIAL COPY**

Doc#. 2120804293 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 07/27/2021 10:27 AM Pg: 1 of 4

DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify or p' breviate any part of the Debtor's name); if any part of the Individual Debtor informs, dor in 'em 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. DRGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 2')  3a. DRGANIZATION'S NAME  PGIM REAL ESTATE FINANCE, LLC  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  PIRST PERSONAL NAME  POSTAL CODE  ADDITIONAL NAME(S), INTIAL(S)  SUFFIX  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  ADDITIONAL NAME(S), INTIAL(S)  SUFFIX  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  CITY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY						
SEND ACKNOWLEDGMENT TO: (Iver's and Address)  Gibson, Dunn & Crutcher LLP \$55 Mission Street San Francisco, CA 94105 Attention: Kahlil Yearwood, Esq. LSY: 11.4 P4.2 1 2 2.3  LSY: 11.4 P4.2 1 2.6  LSY: 11.4 P4.2 1 2.6  Attention: Kahlil Yearwood, Esq. LSY: 11.4 P4.2 1 2.6  LSY: 11.5 P4.2 1 2.6  LSY: 11.5 P4.2 1 2.6  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING ONLY  THE ABOVE SPACE IS FOR FILING ONLY  THE ABOVE SPACE IS FOR FILING ONLY  THE ABOVE SPACE IS FOR						
NAME & PHONE OF CONTACT AT FILER (optional)  E-MAIL CONTACT AT FILER (optional)  SEND ACKNOWLEDGMENT TO: (Indirect and Address)  Gibson, Dunn & Crutcher LLP  \$555 Mission Street  San Francisco, CA 94105  Attention: Kahili Yearwood, Esq.  L5v: 1pt 2pt 2pt 2p 3  DEBTOR'S NAME: Provide only ago Debtor name (10 or 1b) (use os lef, full name; do not only, modificial Debtor information is lem 10 of the Financing Statement Addendum (Furn UCC) (as)  10 non-information is not 10 of the Financing Statement Addendum (Furn UCC) (as)  11 no RGANIZATION'S NAME  EXETER 11130 KING, LLC  15 INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  OITY  Conshoting Statement Addendum (Furn UCC) (as)  10 UV. Elim Street, Suite 600  DEBTOR'S NAME: Provide only ago Debtor name (2a or 2b) (use asked, full name; do not only, modify or sizerviale any part of the Debtor's name), if any part of the individual Debtor information in the right of the Individual Debtor's name), if any part of the individual Debtor information in the right part of the individual Debtor's name), if any part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in the right part of the individual Debtor information in		FEMENT				
Gibson, Dunn & Crutcher LLP \$55 Mission Street \$an Francisco, CA 94105 Attention: Kahili Yearwood, Esq.  Liv: ILFA21- Z637  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only gag Debtor name (1s or 1b) (use ox. el. full name; do not and, mostly, or stabroviate any part of the Debtor's name); if any part of the Individual Debtor information in liem 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  EXETER 11130 KING, LLC  1b. INDIVIDUAL'S SURNAME  FIRST P. IRSONAL NAME  OITY  Conshoho, Zk@n  PA  ADDITIONAL NAME(Sylintifal(S)  SUFFIX  MAILING ADDRESS  OITY  Conshoho, Zk@n  OITY  STATE  POSTAL CODE  CONSHOHO, Zk@n  PA  Debtor's name; if any part of the Individual Debtor information in limit 10 of the Financing Statement Addendum (Form UCC1Ad)  USA  DEBTOR'S NAME: Provide only gag Debtor name (2s or 2b) (use sward, full name)  DI W. Elm Street, Suite 600  DEBTOR'S NAME: Provide only gag Debtor name (2s or 2b) (use sward, full name)  DEBTOR'S NAME: Provide only gag Debtor name (2s or 2b) (use sward, full name)  To the financing Statement Addendum (Form UCC1Ad)  USA  DEBTOR'S NAME: Provide only gag Debtor name (2s or 2b) (use sward, full name)  The postal code  Country  Conshoho, zk@n  PA  Debtor's name; if any part of the Individual Debtor information in liem 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. DRGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(Sylintifal(S))  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gag Secured Party name (2s or 8)  SECURED PARTY'S NAME  POSTAL CODE  COUNTR  STATE POSTAL CODE  COUNTR  STATE POSTAL CODE  COUNTR  New York  NY  10036  USA  DOLIATERAL: This financing statement covers the following collateral:  DIVIDIAL TENDACE, LICE  The financing statement covers the following collateral:		AT FILER (optional)				
Gibson, Dunn & Crutcher LLP \$55 Mission Street \$58	E-MAIL CONTACT AT FILER (¢ p	otion al)				
S55 Mission Street Sam Francisco, CA 94105 Attention: Kahlil Yearwood, Esq.  L5v: 1v PALV 2637  DEBTOR'S NAME: Provide only and Debtor name (1s or 1b) (use ex set, full name; do not omit, modify, or abbrovide any part of the Debtor's name; if any part of the Individual Debtor information in liem 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME  EXETER 11130 KING, LLC  1b INDIVIDUAL'S SURNAME    PIRST P. P. R. SONAL NAME   ADDITIONAL NAME(S)RNITIAL(S)   SUPPIX  MALLING ADDRESS    DITY	SEND ACKNOWLEDGMENT TO	): (Nam and Address)				
San Francisco, CA 94105 Attention: Kahili Yearwood, Esq.  LSV: 11-R47L* 2 L637  DEBTOR'S NAME: Provide only gng Debtor name (1s or 1b) (use ex lef, full name; do not omit, modify, or abbrevicte any part of the Debtor's name); if any part of the Individual Debtor information in them 10 of the Financing Statement Addendum (Form UCC1ad)  The AROVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only gng Debtor name (1s or 1b) (use ex lef, full name; do not omit, modify, or abbrevicte any part of the Debtor's name); if any part of the Individual Debtor information in them 10 of the Financing Statement Addendum (Form UCC1ad)  The AROVE SPACE IS FOR FILING OFFICE USE ONLY  DEBTOR'S NAME: Provide only gng Debtor name (2s or 2s) (use exact, full name; do not omit, modify or abbreviate any part of the Debtor's name), if any part of the Individual Debtor information in them 10 of the Financing Statement Addendum (Form UCC1ad)  DEBTOR'S NAME: Provide only gng Debtor name (2s or 2s) (use exact, full name; do not omit, modify or abbreviate any part of the Debtor's name), if any part of the Individual Debtor information in form 10 of the Financing Statement Addendum (Form UCC1ad)  DEBTOR'S NAME: Provide only gng Debtor name (2s or 2s) (use exact, full name; do not omit, modify or abbreviate any part of the Debtor's name), if any part of the Individual Debtor information in form 10 of the Financing Statement Addendum (Form UCC1ad)  DEBTOR'S NAME: Provide only gng Secured Party: Provide only gng Secured Party name (3s or 2s)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gng Secured Party name (3s or 2s)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gng Secured Party name (3s or 2s)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gng Secured Party name (3s or 2s)  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gng Secured Party name (3s or 2s)  SECURED PARTY'S NAME (or N	•	tcher LLP	1			
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Table will not fit in line 1b. leave all of item 1 blank, check here and pick size individual Debtor information in tem 10 of the Financing Statement Addendum (Form UCC1Ad)  16. ORGANIZATION'S NAME  EXETER 11130 KING, LLC  15. INDIVIDUAL'S SURNAME  POSTAL CODE  COUNTR  DITY  STATE POSTAL CODE  COUNTR  PA 19428  USA  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not one), modify or s'oreviale any part of the Debtor's name); if any part of the individual Debtor in line 2b, leave all of item 2 blank, check here and provide the individual Debtor inform and in 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  POSTAL CODE  COUNTR  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3)  3a. ORGANIZATION'S NAME  PGIM REAL ESTATE FINANCE, LLC  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S) INITIAL(S)  SUFFIX  MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTR  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3)  Sa. ORGANIZATION'S NAME  PGIM REAL ESTATE FINANCE, LLC  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S) INITIAL(S)  SUFFIX  MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTR  STATE  POSTAL CODE  COUNTR  STATE  POSTAL CODE  COUNTR  NY 10036  USA			THE A	BOVE SPACE IS FO	R FILING OFFICE US	E ONLY
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DI W. Elm Street, Suite 600  Conshoho & n  PA  19428  USA  DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify or p' breviale any part of the Debtor's name); if any part of the individual Debtor inform sor sin 'tem 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. DRGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUPPIX  STATE  POSTAL CODE  COUNTR  3a. DRGANIZATION'S NAME  PGTM REAL ESTATE FINANCE, LLC  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  PGTM REAL ESTATE FINANCE, LLC  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  PGTM REAL ESTATE FINANCE, LLC  3b. INDIVIDUAL'S SURNAME  CITY  STATE  POSTAL CODE  COUNTR  STATE  POSTAL CODE  COUNTR  COUNTR  ADDITIONAL NAME(S)TIAL(S)  SUPPIX  STATE  POSTAL CODE  COUNTR  COUNTR  COUNTR  COUNTR  COUNTR  This financing statement covers the following collateral:		.,, EDC	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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36. DRGANIZATION'S NAME PGTM REAL ESTATE FINANCE, LLC 36. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S) SUFFIX  CITY New York  CUTY New York  COUNTR			CITY	STATE	POSTAL CODE	COUNTRY
PGIM REAL ESTATE FINANCE, LL.C  3b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S', TIAL(S) SUFFIX  MAILING ADDRESS  540 Broadway, 36th Floor  CITY  New York  COUNTR  VISA  COUNTR  COUNTR  COUNTR  COUNTR  VISA  COUNTR  COUNTR  COUNTR  COUNTR  COUNTR  NEW YORK  COUNTR  COUN	MAILING ADDRESS					
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Shock <u>only</u> if applicable and check <u>only</u> one box. Collateral is <u>held in a Trust (see UCC1Ad, item 17 and Instructions)</u> being administered by a Decedent's Personal Represent.  Check <u>only</u> if applicable and check <u>only</u> one box:  Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing	SECURED PARTY'S NAME (or Sa. DEGNAZATION'S NAME PGIM REAL ESTA 3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  540 Broadway, 36th 1  COLLATERAL: This financing states  Il assets of Debtor whether  thack only if applicable and check only the applicable	Floor ment covers the following collaters er now owned or here:	FIRST PERSONAL NAME  CITY  New York  atter acquired.  a Trust (see UCC1Ad, item 17 and instructions)	STATE NY being administe 6b. Check only is	POSTAL CODE 10036	GOUNTR USA

# **UNOFFICIAL COPY**

### **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS				
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	f line 15 was left blank	]		
9a. ORGANIZATION'S NAME	-{			
EXETER 11130 KING, LLC				
		-		
OR 95. INDIVIDUAL'S SURNAME				
FIRST PERSONAL ", ME				
ADDITIONAL NAME(S)/INIT (AL/ 3)	SUFFIX			
10		THE ABOVE	SPACE IS FOR FILING O	FFICE USE ONLY
10. DEBTOR'S NAME: Provide (10a or '0b, or y one additional Debtor name or	Debtor name that did not fit i	in line 1b or 2b of the F	Inancing Statement (Form UCC	31) (Use exact, full name;
do not omit, modify, or abbreviate any part of the Flattor's name) and enter the m 10a. ORGANIZATION'S NAME	nailing address in line 10c			
IVA. ONGRIVIZATIONS NAME				
OR 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME			(10 to	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
4	$\tau_{\wedge}$			
10c. MAJLING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	AS NAME: Beside a	The area parts (44a ar 44b)	
11a. ORGANIZATION'S NAME	OIT OLOGITLE STATE	G WANTE, Floride C	nity <u>iste</u> (lattle ( ( la or ) lb)	
OR		7		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITI/	AL(S) SUFFIX
11c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
12, ADDITIONAL SPACE FOR HEM 4 (Collateral):			$\Gamma_{\Delta}$	
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13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATI	EMENT:		
REAL ESTATE RECORDS (if applicable)	covers limber to be	present	extracted collateral	ed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estat	e:		······································
(it pental goes not make a lecoid littelest).				
	See Exhibit A atta	iched hereto an	id made a part here	of.
	- International Control of Contro			
17. MISCELLANEOUS:				

2120804293 Page: 3 of 4

# **UNOFFICIAL COPY**

#### Exhibit A

**Legal Description** 

(See attached)

Property of Cook County Clerk's Office

2120804293 Page: 4 of 4

### **UNOFFICIAL COPY**

All that certain lot or parcel of land situate in the County of Cook, State of Illinois, and being more particularly described as follows:

THAT PART OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 20, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT THE POINT OF INTERSECTION OF THE WEST LINE OF SAID SOUTHWEST 1/4. WITH THE NORTHERLY LINE OF A TRACT OF LAND CONVEYED BY THE CHICAGO TITLE AND TRUST COMPANY, AS TRUSTEE, UNDER TRUST AGREEMENT NO. 34900 TO THE ILLINOIS STATE TOLL HIGHWAY COMMISSION AND RECORDED IN THE RECORDER'S OFFICE OF COOK COUNTY, AS DOCUMENT 16913782, IN BOOK 54903, PAGE 331, SAID POINT BEING 1107.18 FEET NORTH OF THE SOUTHWEST CORNER OF SAID SOUTHWEST 1/4; THENCE EASTERLY IN THE NORTHERLY LINE OF SAID TOLL HIGHVAY TRACT (SAID LINE FORMING AN ANGLE OF 79 DEGREES 23 MINUTES 10 SECONDS MEASURED IN THE NORTHEAST QUADRANT, WITH THE WEST LINE OF SAID SOUTHWEST 1/4) FOR A DISTANCE OF 163.26 FEET; THENCE NORTHERLY IN A LINE WHICH INTERSECTS THE NORTII LINE OF SAID SOUTHWEST 1/4 AT A POINT 85.26 FEET EAST OF THE NORTHWEST CORNER OF SAID SOUTHWEST 1/4, (SAID LINE BEING THE EASTERLY LINE OF THE NORTHERLY AND SOUTHERLY PORTION OF A STEFET KNOWN AS WOLF ROAD) FOR A DISTANCE OF 50.46 FEET TO THE POINT OF INTERSECTION OF SAID LAST DESCRIBED LINE, WITH A LINE 50.00 FEET NORTHERLY OF (AT RIGHT ANGLE MEASUREMENT) AND PARALLEL WITH THE NORTHERLY LINE OF SAID TOLL HIGHWAY TRACT; THENCE EASTERLY IN SAID PARALLEL LINE, 490.00 FEET TO THE POINT OF BEGINNING OF THE TRACT OF LAND TO BE CONVEYED BY THIS DESCRIPTION TO WIT:

THENCE NORTH NORTHWESTERLY IN A LINE DRAWN AT RIGHT ANGLES TO SAID PARALLEL LINE, 370.00 FEET; THENCE EAST-NORTHEASTERLY PALALLEL WITH SAID TOLL HIGHWAY TRACT, 128.07 FEET; THENCE WESTERLY ON THE ARC OF A CIRCLE CONVEX SOUTHWESTERLY AND HAVING A RADIUS OF 368.26 FEET FOR A DISTANCE OF 120.38 FLET TO ITS POINT OF INTERSECTION WITH A LINE 439.50 FEET NORTHWESTERLY OF (AT RIGHT ANGLE MEASUREMENT) AND PARALLEL WITH THE NORTHERLY LINE OF SAID TOLL HIGHWAY TRACT; THENCE WEST-SOUTHWESTERLY IN SAID LAST DESCRIBED PARALLEL LINE, 446.81 FEET TO ITS FOINT OF INTERSECTION WITH THE EASTERLY LINE OF WOLF ROAD; THENCE SOUTHERLY IN THE EASTERLY LINE OF SAID WOLF ROAD, 393.09 FEET TO ITS POINT OF INTERSECTION WITH SAID LINE, 50,00 FEET NORTHERLY OF AND PARALLEL WITH THE NORTHERLY LINE OF SAID TOLL HIGHWAY TP ACT; THENCE EASTERLY IN SAID LAST DESCRIBED PARALLEL LINE, 490.0 FEET TO THE POINT OF REGINNING, IN COOK COUNTY, ILLINOIS.

PIN: 12-20-300-030-0000

ADDRESS: 11130 KING STREET, FRANKLIN PARK, ILLINOIS 60131

TOGETHER WITH THE EASEMENT RIGHTS BENEFITTING THE ABOVE DESCRIBED PROPERTY AS CONTAINED IN THE DECLARATION OF EASEMENT RECORDED IN THE RECORDER'S OFFICE OF COOK COUNTY, ILLINOIS AS DECEMBER 16, 2011, AS DOCUMENT NO. 1135039086, COOK COUNTY, ILLINOIS RECORDS.