## **UNOFFICIAL COPY**

C FINANCING STATEMENT AME LOW INSTRUCTIONS	NDMENT			
NAME & PHONE OF CONTACT AT FILER (optional) me: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 818-662-4141	*2123323654* Doc# 2125325034 Fee \$93.00		° e \$93.00
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		1b. M This FINANCING STATE	MENT AMENDMENT is to be filed [fo	
3918058 2/8/2017 CC IL Cock		(or recorded) in the REAL	ESTATE RECORDS	·
TERMINATION: Effectiveness of the Financiar Statement	it identified above is terminated with	respect to the security interest(s)	of Secured Party authorizing this Te	ermination
		signee in item 7c <u>and</u> name of As	signor in item 9	
		ne security interest(s) of Secured	Party authorizing this Continuation S	Statement is
PARTY INFORMATION CHANGE:	0_		· -	
heck one of these two boxes:			e: Complete item DELETE name:	Give record name
his Change affects Debtor or Secured Party of record	item 6a or 6b; and item 7a	a or 7b <u>and</u> item 7c7a or 7b,	and item 7c to be deleted in	item 6a or 6b
URRENT RECORD INFORMATION: Complete for Party Info  6a. ORGANIZATION'S NAME	ormation Change - provide only <u>cne</u>	name (6a or 6b)	· · · · · · · · · · · · · · · · · · ·	
CLPF - KSA GROCERY PORTFOLIO EV	ANSTON WF, LLC			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L, VAP, L	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	t or Party Information Change - provide only on	ne name (7: or 7b) (use exact, full name;	do not omit, modify, or abbreviate any part of th	e Debtor's name)
7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S SURNAME		7		,
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	me: Wolters Kluwer Lien Solutions Phone: 800-3  E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com  SEND ACKNOWLEDGMENT TO: (Name and Address)  Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071  File 'vich: Cook, IL  NITIAL FINANCING STATEMEN' FILE NUMBER 3918058 2/8/2017 CC IL 'vock  TERMINATION: Effectiveness of the Financin' Statement  ASSIGNMENT (full or partial): Provide name ct 'vicingineer For partial assignment, complete items 7 and 9 and all of a continued for the additional period provided by applicable PARTY INFORMATION CHANGE: heck one of these two boxes: his Change affects Debtor or Secured Party of record URRENT RECORD INFORMATION: Complete for Party Inf 6a. ORGANIZATION'S NAME  CLPF - KSA GROCERY PORTFOLIO EV  6b. INDIVIDUAL'S SURNAME  HANGED OR ADDED INFORMATION: Complete for Assignment 7a. ORGANIZATION'S NAME	Termination of the additional period provided by applicable law    AND Check 6 is 6 these two boxes:   AND Check 6 is 6 these three box of the Box and for a signment or Party Information Change - provide only 9 to RST PERSONAL NAME    AND Check 7 is 6 the County Deviced by Assignment or Party Information Change - provide only 9 to RST PERSONAL NAME    AND Change of the Post of the Assignment or Party Information Change - provide only 9 to RST PERSONAL NAME    AND Change - provided only 9 to RST PERSONAL NAME    AND Change - provided only 9 to RST PERSONAL NAME    AND Change - provided only 9 to RST PERSONAL NAME    AND Change - provided only 9 to RST PERSONAL NAME    AND Change - provided only 9 to RST PERSONAL NAME    AND Change - provided only 9 to RST PERSONAL NAME    AND Change - Provided only 9 to RST PERSONAL NAME    AND Change - Provided only 9 to RST PERSONAL NAME    AND Change - Provided only 9 to RST PERSONAL NAME    AND Change - Provided only 9 to RST PERSONAL NAME    AND Change - Provided only 9 to RST PERSONAL NAME    AND Change - Provided only 9 to RST PERSONAL NAME    AND Change - Provided only 9 to RST PERSONAL NAME    AND Change - Provided only 9 to RST PERSONAL NAME	me: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	me: Wollers Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141  E-MAIL CONTACT AT FILER (optional)  uccifilingreturn@wolterskluwer.com  RHSP FEE: 59, 0e RPRF FEE:  KAREN A., VARBROUGH  Lien Solutions  P.O. Box 29071  Glendale, CA 91209-9071  LILL  FIXTURE  THE ABOVE SPACE IS FOR FILING OFFICE US  NITIAL FINANCING STATEMENT FILE NUMBER  33918058 2/87/2017 CC IL / Ock  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Test parts assignment, complete items 7 and 9 and after in ficate affected collateral in item 8  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Scondard for the additional period provided by applicable law  PARTY INFORMATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Scondard for the additional period provided by applicable law  PARTY INFORMATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Scondard for the additional period provided by applicable law  AND Check of the third by the security interest(s) of Secured Party authorizing this Continuation Scondard for the additional period provided by applicable law  AND Check of the third by the security interest(s) of Secured Party authorizing this Continuation Scondard for the additional period provided by applicable law  AND Check of the third by the security interest(s) of Secured Party authorizing this Continuation Scondard for the additional period provided by applicable law  AND Check of the security interest(s) of Secured Party authorizing this Continuation Scondard for the additional period provided by applicable law  AND Check of the security interest(s) of Secured Party authorizing this Continuation Scondard for th

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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10. OPTIONAL FILER REFERENCE DATA: Debtor Name: CLPF - KSA GROCERY PORTFOLIO EVANSTON WF, LLC

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UCC FINANCING STATEMENT AMENDMENT A	ADDENDUM	·	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amen 1703918058 2/8/2017 CC IL Cook	dment form -		
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on AI  12a. ORGANIZATION'S NAME  AXA EQUITABLE LIFE INSURANCE COMPANY	mendment form	·	
OR 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAMF  ADDITIONAL NAME(S)INITIAL(()	SUFFIX		
	3511111	THE ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY
13. Name of DEBTOR on related financing statement (Name of a current Debtor of one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or a 13a. ORGANIZATION'S NAME	abbreviate any part of the Debi	purposes only in some filing offices - see Instruction ite lor's name); see Instructions if name does not fit	m 13): Provide only
CLPF - KSA GROCERY PORTFOLIO FVANSTON WE	F, LLC	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
130. INDIVIDUALS SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)	SOFFIX
Secured Party Name and Address: AXA EQUITABLE LIFE INSURANCE COMPANY - 1290 AVENUE  15. This FINANCING STATEMENT AMENDMENT:		tion of real estate:	
_	as a fixture filing PROF EVAN TAX F	PERTY ADDRESS: 1111 CHIC STON, COOK, IL PARCEL # 11192070300000, 2070310000, 11192070320000	
	· ·	I ID: 2070300000, 11192070310000 2070320000	Э,

AXA EQUITABLE LIFE INSURANCE

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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 MERIJIAN (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. Office