

**Recorded: 4/23/2019 at 12:07:25.0 PM**  
**County Recording Fee: \$32.00**  
**Iowa E-Filing Fee: \$3.00**  
**Combined Fee: \$35.00**  
**Revenue Tax:**  
**Delaware County, Iowa**  
**Daneen Schindler RECORDER**  
**BK: 2019 PG: 882**

This Affidavit prepared by and return to: Erika L. Allen, 630 G Avenue, Grundy Center, Iowa 50638, (319) 824-6951

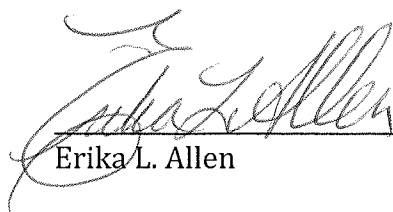
**AFFIDAVIT**

STATE OF IOWA     )  
                              ) SS:  
GRUNDY COUNTY    )

I, Erika L. Allen, being first duly sworn do affirm and state that I represented GNB Bank, formerly known as First State Bank, Manchester, Iowa, concerning the alternative non-judicial foreclosure agreement concerning Beverly A. Reisner-Cirksena, all as set forth in that one certain Agreement dated the 20th day of March, 2019, and recorded in Book 2019 at Page 818 of the records of the Delaware County Recorder. I further state that more than 30 days has elapsed from the date of mailing Notice to junior lienholders, a copy of which is attached hereto along with the certified mail receipt. I further state that the Notice sent to Dupaco Community Credit Union c/o Randy Aloysius Roling at 17134 12 Mile Road, Bernard, IA 52302 was returned as not deliverable as addressed and unable to forward. I further state that as of April 15, 2019, Mr. Roling was still listed as the registered agent for Dupaco Community Credit Union, Inc. as shown on the Secretary of State's website. Cavalry SPV I, LLC and Dupaco Community Credit Union did not exercise their rights of redemption so that title to the following described real estate situated in Delaware, Iowa, to-wit:

The North fifty (50) feet of the South seventy-two (72) feet of the West one-half (W1/2) of Lot Twenty-six (26) of A.R. Loomis Addition to Manchester, Iowa, according to plat recorded in Book 15 L.D., Page 410 of the records of the Delaware County Recorder,

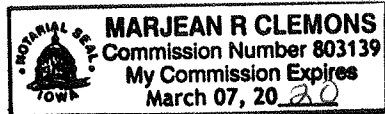
is now confirmed in GNB Bank, formally known as First State Bank, Manchester, Iowa.

  
\_\_\_\_\_  
Erika L. Allen

Subscribed and sworn to before me this 22<sup>nd</sup> day of April, 2019.

Marjean R. Clemons

Marjean R. Clemons, Notary Public  
in and for the State of Iowa.



NOTICE

TO: JUNIOR LIENHOLDERS UNDER ALTERNATIVE NON-JUDICIAL VOLUNTARY  
PROCEDURE AS SET FORTH IN SECTION 654.18 OF THE 2017 CODE OF IOWA

**Cavalry SPV I, LLC, c/o C T Corporation System, 400 E. Court Ave., Des Moines, IA  
50309**

**Dupaco Community Credit Union c/o Randy Aloysius Roling, 17134 Twelve Mile  
Rd., Bernard, IA 52032**

YOU AND EACH OF YOU ARE HEREBY NOTIFIED that an Agreement has been executed between Beverly A. Reisner-Cirksena and GNB Bank (Mortgagee), by the terms of which the Administrator of said Estate has elected to convey to GNB Bank in satisfaction of her first mortgage lien the following described real estate situated in Delaware County, Iowa, to-wit:

The North fifty (50) feet of the South seventy-two (72) feet of the West one-half (W1/2) of Lot Twenty-six (26) of A. R. Loomis Addition to Manchester, Iowa, according to plat recorded in Book 15 L.D., Page 410 of the Records of the Delaware County Recorder,

This Notice is provided to you as a junior lienholder, as of the date of said conveyance (October 15, 2008) by certified mail, pursuant to the provisions of Section 654.18 of the 2017 Code of Iowa, to inform you of your right to redeem the above described real property within thirty (30) days of the date of mailing this Notice.

The amount necessary to redeem the above described property is \$46,591.57 in principal plus interest to March 11, 2019, in the amount of \$1,663.89 for a total of \$48,255.46 plus per diem interest in the amount of \$7.02.

YOU ARE FURTHER NOTIFIED that unless you exercise the right of redemption within thirty (30) days of the date of mailing of this Notice, your lien upon the above described real property will be terminated and foreclosed.

Heronimus, Schmidt, Allen, Schroeder & Geer

By: \_\_\_\_\_

  
Erika L. Allen

630 G Avenue, Box 365  
Grundy Center, Iowa 50638

Attorneys for GNB Bank

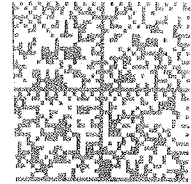
HERONIMUS, SCHMIDT, ALLEN, SCHROED.

ATTORNEYS AT LAW  
630 G AVENUE  
P.O. BOX 365  
GRUNDY CENTER, IOWA 50638

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL®**



7017 3040 0001 1618 5453  
7017 3040 0001 1618 5453



Mailed From  
03/20/2019  
032A 0061

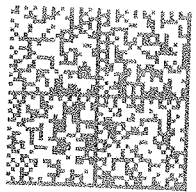
|                                                                                                                    |         |
|--------------------------------------------------------------------------------------------------------------------|---------|
| <b>U.S. Postal Service™<br/>CERTIFIED MAIL® RECEIPT</b><br>Domestic Mail Only                                      |         |
| <b>OFFICIAL USE</b>                                                                                                |         |
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>                      |         |
| Certified Mail Fee                                                                                                 | 3.50    |
| Extra Services & Fees (check box, add fee as appropriate)                                                          |         |
| <input type="checkbox"/> Return Receipt (hardcopy)                                                                 | \$ 2.80 |
| <input type="checkbox"/> Return Receipt (electronic)                                                               | \$      |
| <input type="checkbox"/> Certified Mail Restricted Delivery                                                        | \$      |
| <input type="checkbox"/> Adult Signature Required                                                                  | \$      |
| <input type="checkbox"/> Adult Signature Restricted Delivery                                                       | \$      |
| Postage                                                                                                            | .50     |
| Total Postage and Fees                                                                                             | 6.80    |
| Postmark Here                                                                                                      |         |
| Sent to: Dupaco Community Credit Union<br>c/o Randy Aloysius Roling<br>17134 Twelve Mile Road<br>Bernard, IA 52032 |         |
| City, State, ZIP+4®<br>Bernard, IA 52032                                                                           |         |
| PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions                                         |         |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Complete items 1, 2, and 3.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> | A. Signature<br><b>X</b><br><input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1. Article Addressed to:<br>Dupaco Community Credit Union<br>c/o Randy Aloysius Roling<br>17134 Twelve Mile Road<br>Bernard, IA 52032                                                                                                                          | B. Received by (Printed Name)<br>C. Date of Delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <br>9590 9402 1664 6053 3413 57                                                                                                                                                                                                                                | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. Article Number (Transfer from service label)<br>7017 3040 0001 1618 5453                                                                                                                                                                                    | 3. Service Type<br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)<br><input type="checkbox"/> Priority Mail Express®<br><input type="checkbox"/> Registered Mail™<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation™<br><input type="checkbox"/> Signature Confirmation Restricted Delivery |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

US POSTAGE  
\$06.80  
First-Class  
Mailed From 50638  
03/20/2019  
032A 0061805907



**CERTIFIED MAIL®**



7017 3040 0001 1618 9864  
7017 3040 0001 1618 9864

HERONIMUS, SCHMIDT, ALLEN, SCHRC  
ATTORNEYS AT LAW  
630 G AVENUE  
P.O. BOX 365  
GRUNDY CENTER, IOWA 50638

|                                                                                                 |         |
|-------------------------------------------------------------------------------------------------|---------|
| <b>U.S. Postal Service™</b>                                                                     |         |
| <b>CERTIFIED MAIL® RECEIPT</b>                                                                  |         |
| Domestic Mail Only                                                                              |         |
| For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ® |         |
| <b>OFFICIAL USE</b>                                                                             |         |
| Certified Mail Fee                                                                              | \$ 3.50 |
| Extra Services & Fees (check box, add fee as appropriate)                                       |         |
| <input type="checkbox"/> Return Receipt (hardcopy)                                              | \$ 2.80 |
| <input type="checkbox"/> Return Receipt (electronic)                                            | \$      |
| <input type="checkbox"/> Certified Mail Restricted Delivery                                     | \$      |
| <input type="checkbox"/> Adult Signature Required                                               | \$      |
| <input type="checkbox"/> Adult Signature Restricted Delivery                                    | \$      |
| Postage                                                                                         | \$ .50  |
| Total Postage and Fees                                                                          | \$ 6.80 |
| Sent To: Calvary SPV 1, LLC                                                                     |         |
| c/o C T Corporation System                                                                      |         |
| Street and Apt. No., or PO Box No.                                                              |         |
| 400 E. Court Ave.                                                                               |         |
| City, State, ZIP+4®                                                                             |         |
| Des Moines, IA 50309                                                                            |         |
| PS Form 3800, April 2015 PSN 7530-02-000-9047                                                   |         |
| See Reverse for Instructions                                                                    |         |

Postmark  
Here

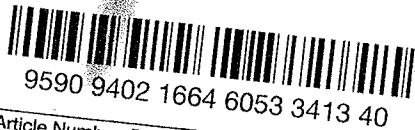
ELA - Box 365

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Calvalry SPV I, LLC  
c/o C T Corporation System  
400 E. Court Ave.  
Des Moines, IA 50309



9590 9402 1664 6053 3413 40

2. Article Number (Transfer from service label)

7017 3040 0001 1618 9864

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *JD Dan*

☐ Agent

☐ Addressee

C. Date of Delivery

B. Received by (Printed Name)

*Lisa D. Durrell*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

MAR 22 2019

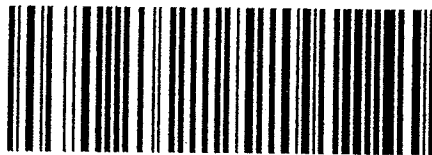
3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

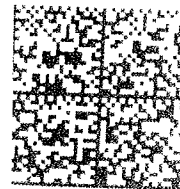
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**CERTIFIED MAIL®**



7017 3040 0001 1618 5453



US POSTAGE

\$06.80

First-Class

Mailed From 50608

03/20/2019

032A 006 805907

SCHMIDT, ALLEN, SCHROEDER  
ATTORNEYS AT LAW  
630 G AVENUE  
P.O. BOX 365  
GRUNDY CENTER, IOWA 50638

4# 3/2

UTF

Dupaco Community Credit Union  
c/o Randy Aloysius Roling  
17134 Twelve Mile Rd  
Bernard, IA 50812 NIXIE

503 FE 1

0003/25/19

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

520923470  
50638 50635

BC: 50638036383

\*1667-26891-26-00