

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)

LUANA SAVINGS BANK
PO BOX 68
LUANA, IA 52156-0068



Book 2019 Page 1557

2019 1557 Type 10 011 Pages 2
Date 6/20/2019 Time 11:43:03AM
Rec Amt \$12.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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

OR

1b. INDIVIDUAL'S SURNAME

WERNER

FIRST PERSONAL NAME

KEVIN

ADDITIONAL NAME(S)/INITIAL(S)

J

SUFFIX

1c. MAILING ADDRESS

CITY

MANCHESTER

STATE

IA

POSTAL CODE

52057-8507

COUNTRY

2539 180TH AVE

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 2b, 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

WERNER

FIRST PERSONAL NAME

MARJORIE

ADDITIONAL NAME(S)/INITIAL(S)

J

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

OR

3b. INDIVIDUAL'S SURNAME

WERNER

FIRST PERSONAL NAME

MARJORIE

ADDITIONAL NAME(S)/INITIAL(S)

J

SUFFIX

3c. MAILING ADDRESS

CITY

LUANA

STATE

IA

POSTAL CODE

52156-0068

COUNTRY

PO BOX 68

4. COLLATERAL: This financing statement covers the following collateral:

2400 HD FINISHER BARN WITH BULK BINS, FEED SYSTEM, WATERS AND ALL MISC HOG EQUIPMENT IN HOG FACILITIES LOCATED AT RURAL ROUTE 180TH AVE
MANCHESTER IA 52057, PARCEL 2019-32; IN THE SOUTHWEST QUARTER SECTION 16, TOWNSHIP 88 NORTH, RANGE 5 WEST OF THE 5TH P.M., DELAWARE
COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 2019, PAGE 1176

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

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

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

WERNER

FIRST PERSONAL NAME

KEVIN

ADDITIONAL NAME(S)/INITIAL(S)

J

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional 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

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

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:

☐ 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 16 (if Debtor does not have a record interest):

KEVIN J & MARJORIE J WERNER
2539 180TH AVE
MANCHESTER IA 52057-8507

16. Description of real estate:

PARCEL 2019-32; IN THE SOUTHWEST QUARTER SECTION 16, TOWNSHIP 88 NORTH, RANGE 5 WEST OF THE 5TH P.M., DELAWARE COUNTY, IOWA, ACCORDING TO PLAT RECORDED IN BOOK 2019, PAGE 1176

17. MISCELLANEOUS: