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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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

5639274475

B. E-MAIL CONTACT AT FILER (optional)

rdrees@fmbank.biz

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

FARMERS & MERCHANTS SAVINGS BANK
101 E. MAIN ST. PO BOX 588
MANCHESTER, IA 52057

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

MONTELIUS

FIRST PERSONAL NAME

RANDY

ADDITIONAL NAME(S)/INITIAL(S)

JOSEPH

SUFFIX

1c. MAILING ADDRESS

138 AUTUMN WOODS DR NW

CITY

CEDAR RAPIDS

STATE

IA

POSTAL CODE

52405

COUNTRY

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

MONTELIUS

FIRST PERSONAL NAME

ELIZABETH

ADDITIONAL NAME(S)/INITIAL(S)

A R

SUFFIX

2c. MAILING ADDRESS

138 AUTUMN WOODS DR NW

CITY

CEDAR RAPIDS

STATE

IA

POSTAL CODE

52405

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

FARMERS & MERCHANTS SAVINGS BANK

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

MANCHESTER

ADDITIONAL NAME(S)/INITIAL(S)

IA

POSTAL CODE

52057

SUFFIX

DELAWARE

3c. MAILING ADDRESS

101 E. MAIN ST. PO BOX 588

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

BILL OF SALE DATED 6/21/2019 BETWEEN SALLY A & WILLIAM A BRAUSE AND RANDY J & ELIZABETH A MONTELIUS CABIN ON
LEASED LAND OF PATRICIA DEDE AND ED SCHMIDT SECTION 26 TOWNSHIP 88 RANGE 5 WHICH IS LOCATED AT 26200 204TH AVE,
MANCHESTER, IOWA 52057

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:

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

MONTELIUS

FIRST PERSONAL NAME

RANDY

ADDITIONAL NAME(S)/INITIAL(S)

JOSEPH

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

MONTELIUS

INDIVIDUAL'S FIRST PERSONAL NAME

ELIZABETH

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

SUFFIX

A R

10c. MAILING ADDRESS

138 AUTUMN WOODS DR NW

CITY

CEDAR RAPIDS

STATE

IA

POSTAL CODE

52405

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):

RANDY JOSEPH MONTELIUS & ELIZABETH A R
MONELIUS
138 AUTUMN WOODS DR NW
CEDAR RAPIDS IA 52405

16. Description of real estate:

BILL OF SALE DATED 6/21/2019 BETWEEN SALLY A & WILLIAM A
BRAUSE AND RANDY J & ELIZABETH A MONTELIUS CABIN ON LEASED
LAND OF PATRICIA DEDE AND ED SCHMIDT SECTION 26 TOWNSHIP 88
RANGE 5 WHICH IS LOCATED AT 26200 204TH AVE, MANCHESTER,
IOWA 52057

17. MISCELLANEOUS: