	Recorded: 4/1/2022 at 12:09:2
	County Recording Fee: \$22.00 lowa E-Filing Fee: \$3.00
	Combined Fee: \$25.00
UCC FINANCING STATEMENT	Revenue Tax: Delaware County, Iowa
FOLLOW INSTRUCTIONS	Daneen Schindler RECORDER

16. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	FOLLOW INSTRUCTIONS		Daneen Schindler RECORDER		ER
uccfilingretum@wolterskluwer.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address) 54926 - HomeOpco Sub A  Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071  IAIA FIXTURE  File with: Delaware, IA  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  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX		31-3282 Fax: 818-662-4141	BK: 202	22 PG: 1066	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071  File with: Delaware, IA  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  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	` ' '				
P.O. Box 29071 Glendale, CA 91209-9071    AIA   FIXTURE   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   ORGANIZATION'S NAME   ADDITIONAL NAME(S)/INITIAL(S)   SUFFIX	C. SEND ACKNOWLEDGMENT TO: (Name and Address)	54926 - HomeOpco Sub A			
File with: Delaware, IA  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  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX		85712463			
File with: Delaware, IA  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  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	Glendale, CA 91209-9071	IAIA			
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  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	1	FIXTURE			
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  1b. INDIVIDUAL'S SURNAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	File with: Delaware, IA		THE ABOVE SPACE	CE IS FOR FILING OFFICE U	SE ONLY
OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	,	<u> </u>	**		
16. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
			IAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
BOCZKOWSKI	BOCZKOWSKI	TRACY			

or					
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	BOCZKOWSKI	TRACY			
		110.0			
1c. I	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
14	5 NELSON CIR	MANCHESTER IA 52027		52027	USA
2. D	EBTOR'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 In	dividual Debtor's
na	ame will not fit in line 2b, leave all of item 2 blank, check here and provide t	he Individual Debtor information in item 10 of the Fi	nancing Sta	itement Addendum (Form UC	C1Ad)
- 1	2a. ORGANIZATION'S NAME			•	
	Ze. ORGANIZATION O NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
	MANUNO ARRESO	LOUT!	07475	DO0741 0005	OOLINITOY.
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only one Secured Party nar	ne (3a or 3l	o)	
	3a. ORGANIZATION'S NAME	· —	•	•	
	HomeOpco Sub A Trust				
OR	'				_
UK	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
3c.	I MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

New York

4. COLLATERAL: This financing statement covers the following collate	eral:
WINDOWS/DOORS	

345 Park Ave, 31st Floor



USA

12:09:28.0 PM

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:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
85712463 2962268	

10154

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S	tatament: if line 1h was laft blank	7		
because Individual Debtor name did not fit, check here	tatement, it line to was left blank			
9a. ORGANIZATION'S NAME		1		
		7		
D.D.				
9b. INDIVIDUAL'S SURNAME				
BOCZKOWSKI		_		
FIRST PERSONAL NAME TRACY				
	T	_		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE	E IS FOR FILING OFF	ICE USE ONL
D. DEBTOR'S NAME: Provide (10a or 10b) only one additional De		n line 1b or 2b of the Financing S	statement (Form UCC1) (u	se exact, full name
do not omit, modify, or abbreviate any part of the Debtor's name) an  10a. ORGANIZATION'S NAME	d enter the mailing address in line 10c			
TOB. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME				
TOD. INDIVIDUAL O CONVANILL				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
, , , , ,				
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1. ☐ ADDITIONAL SECURED PARTY'S NAME 01 ☐	ASSIGNOR SECURED PARTY'S	NAME: Provide only one nam	ne (11a or 11b)	<u> </u>
11a. ORGANIZATION'S NAME			(114 01 114)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
3. $igwedge$ This FINANCING STATEMENT is to be filed [for record] (or re	corded) in the 14. This FINANCING STA	TEMENT:		
REAL ESTATE RECORDS (if applicable)	covers timber to b	e cut	collateral X is filed as	a fixture filing
5. Name and address of a RECORD OWNER of real estate describe	ed in item 16 16. Description of real esta	ate:		
(if Debtor does not have a record interest):				
	PARCEL #: 6	30203002500		
	BOCZKOWSI	KI		
	145 NELSON			
	MANCHESTE			
	INIVINOLIFYE	-I \ I/\		
	NEL CONIC O			^
		UBDIV LOT 34.	SEC/TWP/KN	G
	[ See Exhibit for Re	eai Estaté j		
7. MISCELLANEOUS: 85712463-IA-55 54926 - HomeOpco Sub A Trust	HomeOpco Sub A Trust	File with: Delaware, IA 2962	268	

**Debtor:** BOCZKOWSKI, TRACY

**Exhibit for Real Estate** 

**16. Description of real estate:** Continued

20-89-5. RECORDING 2010-932 3/31/2010



Entered fo	r taxatlon	Z	day
of AD	ril	A.D.	2010
Carla	Bec/se/		Auditor
By PHr	regrafer	_	Deputy 3)025 0°
Parcel #	630.	<i>20:</i>	3002500
	89-1	79	ì



Book 2010 Page 932

Document 2010 932 Type 03 001 Pages 1 Date 4/01/2010 Time 10:01:58AM Rec Amt \$9.00 Aud Amt \$5.00

Rev Transfer Tax \$135.20 Rev Stamp# 129 DOV# 130

DEBORAH L PEYTON, RECORDER/REGISTRAR DELAWARE COUNTY IOWA

OTHE IOWA STATE BAR ASSOCIATION

Walter J. Steggall, Jr.

FOR THE LEGAL EFFECT OF THE USE OF THIS FORM, CONSULT YOUR LAWYE

Official Form No. 103 - May 2006 Return To: Tracy L. and Jerzy J. Boczkowski, 145 Nelson Circle, Marchester, IA 52057 Preparer: Walter J. Steggall, Jr., 240 Wiley Blvd, SW, Cedar Rapids, IA 52404, (319) 363-7401

Taxpayer: Tracy L. and Jerzy J. Boczkowski. 145 Nelson Circle. Manchester, IA 52057

## WARRANTY DEED - JOINT TENANCY

For the consideration of One Dollar(s) and other valuable consideration. Karen A. Besler, aka Karen A. Maurer, aka Karen Anne Besler, a single person, do hereby Convey to Tracy L. Boczkowski and Jerzy J. Boczkowski, wife and husband. as Joint Tenants with Full Rights of Survivorship, and not as Tenants in Common, the following described real estate in Delaware County, Iowa: Lot 34 of the Survey and Plat of Nelson's Subdivision of part of the N 1/2 of the S 1/2 of Section 20, Township 89 North, Range 5, West of the 5th P.M., City of Manchester, Delaware County, Iowa, according to the plat recorded in Book 4 Plats, Pages 2-5.

Grantors do Hereby Covenant with grantees, and successors in interest, that grantors hold the real estate by title in fee simple; that they have good and lawful authority to sell and convey the real estate; that the real estate is free and clear of all liens and encumbrances except as may be above stated; and grantors Covenant to Warrant and Defend the real estate against the lawful claims of all persons except as may be above stated. Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the real estate. Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

Dated: March 31, 2010 (Grantor) (Grantor) STATE OF IOWA COUNTY OF LINN This instrument was acknowledged before me on March 31, 2010 Besler, a by single person



(This form of acknowledgment for individual grantor(s) only)