| Revenue Tax: Delaware Coun | \$20.00 | | |
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| Daneen Schindl | er REC | | |
| 3K: 2022 PG: | 1715 | | |
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| THE ABOVE SPA | CE IS FO | OR FILING OFFICE US | SE ONLY |
| | | 's name); if any part of the | |
| tion in item 10 of the Fina | ancing Sta | ntement Addendum (Form U | JCC1Ad) |
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| | ADDITION | NAL NAME(S)/INITIAL(S) | SUFFIX |
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| | | T | |
| | STATE | POSTAL CODE | COUNTRY |
| r abbreviate any part of t | IA | POSTAL CODE 52237-9513 's name); if any part of the | USA |
| | IA he Debtor | 52237-9513 | USA Individual Debtor's |
| | IA he Debtor | 52237-9513 's name); if any part of the l | USA Individual Debtor's |
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| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | | | Recorded: 6/1/2022 at 1:56:50.0 PM County Recording Fee: \$17.00 Iowa E-Filing Fee: \$3.00 Combined Fee: \$20.00 Revenue Tax: Delaware County, Iowa Daneen Schindler RECORDER | | | |
|--|--|---|--|---|---|---|
| | | | | | | |
| C. SE | ND ACKNOWLEDGMENT TO: (Name and Address) 48180 | - SERVHL | | | | |
| | _ | 8862665 | | | | |
| P.O. Box 29071 Glendale, CA 91209-9071 A A | | IA | | | | |
| ī | FIX | XTURE , | | | | |
| L | File with: Delaware, IA | | THE AROVE SP | ACE IS E | OR FILING OFFICE U | SE ONI Y |
| _ | e will not fit in line 1b, leave all of item 1 blank, check here and p | Tovide the individual Deptor in | normation in item 10 of the i | | · | |
| OR 1t | e will not fit in line 15, leave all of item 1 plank, check here and p OURGANIZATION'S NAME D. INDIVIDUAL'S SURNAME CLARK | FIRST PERSONAL NA | | - | NAL NAME(S)/INITIAL(S) | SUFFIX |
| R 1t | D. INDIVIDUAL'S SURNAME | FIRST PERSONAL NA | | - | NAL NAME(S)/INITIAL(S) POSTAL CODE | SUFFIX |
| PR 11t (| D. ORGANIZATION'S NAME D. INDIVIDUAL'S SURNAME CLARK LING ADDRESS CULVER RD NE | FIRST PERSONAL NA WILLIAM CITY HOPKINTON | ме | ADDITIO STATE IA | POSTAL CODE 52237-9513 | COUNTRY |
| Italian Italia | D. ORGANIZATION'S NAME CLARK LING ADDRESS CULVER RD NE BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact exist) and position of the inline 2b, leave all of item 2 blank, check here and position. ORGANIZATION'S NAME | FIRST PERSONAL NA WILLIAM CITY HOPKINTON act, full name; do not omit, mor rovide the Individual Debtor in | .ME dify, or abbreviate any part o formation in item 10 of the F | ADDITION STATE IA fthe Debto inancing St. | POSTAL CODE 52237-9513 r's name); if any part of the atement Addendum (Form | COUNTRY USA Individual Debtor's UCC1Ad) |
| Italian Italia | D. INDIVIDUAL'S SURNAME CLARK LING ADDRESS CULVER RD NE BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact exist) and possible of the incidence of the incidenc | FIRST PERSONAL NA WILLIAM CITY HOPKINTON act, full name; do not omit, mo | .ME dify, or abbreviate any part o formation in item 10 of the F | ADDITION STATE IA fthe Debto inancing St. | POSTAL CODE 52237-9513 r's name); if any part of the | COUNTRY USA Individual Debtor's |
| 11c. MA 112 1. DEE nam- 22 | D. ORGANIZATION'S NAME CLARK LING ADDRESS CULVER RD NE BTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact exist) and position of the inline 2b, leave all of item 2 blank, check here and position. ORGANIZATION'S NAME | FIRST PERSONAL NA WILLIAM CITY HOPKINTON act, full name; do not omit, mor rovide the Individual Debtor in | .ME dify, or abbreviate any part o formation in item 10 of the F | ADDITION STATE IA fthe Debto inancing St. | POSTAL CODE 52237-9513 r's name); if any part of the atement Addendum (Form | COUNTRY USA Individual Debtor's UCC1Ad) |
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| 5. Check only if applicable and check on | <u>lv</u> one box: Collateral is ☐held in | n a Trust (see UCC1Ad, item 17 and | d Instructions) | being administered by a De | cedent's Personal Representative |
|---|---|------------------------------------|-----------------|------------------------------|----------------------------------|
| 6a. Check only if applicable and check of | only one box: | | | 6b. Check only if applicable | e and check <u>only</u> one box: |
| Public-Finance Transaction | Manufactured-Home Transa | ction A Debtor is a Transm | nitting Utility | Agricultural Lien | Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if app | olicable): Lessee/Lessor | Consignee/Consignor | Seller/Buyer | r Bailee/Bailor | Licensee/Licensor |
| 8. OPTIONAL FILER REFERENCE DAT 86862665 | A: 2836592 | | | | _ |

UCC FINANCING STATEMENT ADDENDUM

| FOLLOW INSTRUCTION | \cap NIC |
|--------------------|------------|

| -OLLOW INSTRUCTIONS | | | | |
|---|---------------------------------------|-----------------------------------|---------------------------|---------------------|
| 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State | ement; if line 1b was left blank | | | |
| because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME | | | | |
| 94. ORGANIZATIONS IVAIVIL | | | | |
| | | | | |
| | | | | |
| 9b. INDIVIDUAL'S SURNAME | | | | |
| CLARK | | | | |
| FIRST PERSONAL NAME | | | | |
| WILLIAM | | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | |
| | | THE ABOVE SPACE | E IS FOR FILING OFF | ICE USE ONLY |
| D. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debto | | line 1b or 2b of the Financing S | statement (Form UCC1) (us | e exact, full name; |
| do not omit, modify, or abbreviate any part of the Debtor's name) and e 10a. ORGANIZATION'S NAME | nter the mailing address in line 10c | | | |
| | | | | |
| R 10b. INDIVIDUAL'S SURNAME | | | | |
| | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | |
| | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | SUFFIX |
| | | | | |
| 0c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |
| | ASSIGNOR SECURED PARTY'S N | NAME. Provide only <u>one</u> han | le (TTa OLTTD) | |
| | | | | |
| 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | |
| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |
| 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | | |
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| | | | | |
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| | | | | |
| B. This FINANCING STATEMENT is to be filed [for record] (or record | rded) in the 14. This FINANCING STATE | EMENT: | | |
| REAL ESTATE RECORDS (if applicable) | covers timber to be | | collateral X is filed as | a fixture filing |
| 5. Name and address of a RECORD OWNER of real estate described i | | | | |
| (if Debtor does not have a record interest): | | | | |
| | PARCEL #: 61 | 0-00-05-009-00 | | |
| | | | | |
| | CLARK | | | |
| | 112 CULVER I | RD NE | | |
| | HOPKINTON | _ | | |
| | | | | |
| | ı | | | |
| | I FGAL DESCI | RIPTION: HAC | ARTER'S TH | RD ADD |
| | LEGAL DESCI | RIPTION: H.A. C al Estate] | ARTER'S TH | RD ADD |

Debtor: CLARK, WILLIAM

Exhibit for Real Estate

16. Description of real estate: Continued LT 4 BLK 1 & W PT OF LT 2 & N PT LT 3 BLK 1

RECORDING #: 2020-4469 11/29/2020

