Recorded: 8/15/2023 at 4:03:20.0 County Recording Fee: \$12.00 lowa E-Filing Fee: \$3.00 Combined Fee: \$15.00 Revenue Tax: Delaware County, lowa Daneen Schindler RECORDER B. E-MAIL CONTACT AT SUBMITTER (optional) hannah.wille@csbiowa.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Community Savings Bank 101 E Union St Edgewood. IA 52042	PM
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE THE ABOVE SPACE IS FO	
1a. INITIAL FINANCING STATEMENT FILE NUMBER BK: 2023 PG: 1930 Recorded 8/15/2023 1b This FINANCING STATEMENT AMENDMENT is to be filled [in the REAL ESTATE RECORDS. Filer: attach. (Form UCC3Ad) and provide Debtor's name in item 13.	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this	Termination Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement additional period provided by applicable law	tement is continued for the
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes: AND Check one of these three boxes to: CHANGE name and/or address: Complete ADD name: Complete item DELETE	name: Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)	eted in item 6a or 6b
6a. ORGANIZATION'S NAME	
8b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL	L(S) SUFFIX
Hunt Michael Gregory 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME	
OR 7b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE	COUNTRY ASSIGN* collateral
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE 8. COLLATERAL CHANGE: Check only one box ADD collateral DELETE collateral RESTATE covered collateral	COUNTRY ASSIGN* collateral cribe the collateral in Section 8 DWA 52057,
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE 8. COLLATERAL CHANGE: Check only one box: ADD collateral Indicate collateral: "Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and described a cabin on leased land of Schneider in Section 23, Township 88 North, Range 5 West of the Fift	COUNTRY ASSIGN* collateral cribe the collateral in Section 8 DWA 52057, h P.M.; Parcel
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE 8. COLLATERAL CHANGE: Check only one box Indicate collateral: "Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and descended and account on the record is limited to certain collateral and descended account on leased land of Schneider in Section 23, Township 88 North, Range 5 West of the Fift ID #250230103109. Also PMSI in a boat lift and docks, all appliances, TV, bed, dresser, dining table, chair with footrest, chair with footrest, chair with sis an Assignment of Section 25 and provide name of authorizing Debtor	ASSIGN* collateral critice the collateral in Section 8 DWA 52057, h P.M.; Parcel pair and couch.
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY STATE POSTAL CODE 8. COLLATERAL CHANGE: Check only one box Indicate collateral: Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and described a cabin on leased land of Schneider in Section 23, Township 88 North, Range 5 West of the Fift ID #250230103109. Also PMSI in a boat lift and docks, all appliances, TV, bed, dresser, dining table, chair with footrest, check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and described a cabin on leased land of Schneider in Section 23, Township 88 North, Range 5 West of the Fift ID #250230103109. Also PMSI in a boat lift and docks, all appliances, TV, bed, dresser, dining table, chair with footrest, check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and described and described and described accordance in Section 23, Township 88 North, Range 5 West of the Fift ID #250230103109. Also PMSI in a boat lift and docks, all appliances, TV, bed, dresser, dining table, chair with footrest, check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and described and described accordance in Section 23, Township 88 North, Range 5 West of the Fift ID #250230103109.	ASSIGN* collateral critice the collateral in Section 8 DWA 52057, h P.M.; Parcel pair and couch.
8. COLLATERAL CHANGE: Check only one box Indicate collateral Indicate collateral: Check ASSIGN COLLATERAL only if the assigner's power to amend the record is limited to certain collateral and described a cabin on leased land of Schneider in Section 23, Township 88 North, Range 5 West of the Fift ID #250230103109. Also PMSI in a boat lift and docks, all appliances, TV, bed, dresser, dining table, chair with footrest, check property of RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignm If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor	ASSIGN* collateral cribe the collateral in Section 8 DWA 52057, h P.M.; Parcel pair and couch.

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form BK: 2023 PG: 1930 Recorded 8/15/2023 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Community Savings Bank 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Michael ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME OR ADDITIONAL NAME(S)/INITIAL(S) 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX Michael Gregory Hunt 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe) 17. Description of real estate: 15. This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral is 16. Name and address of a RECORD OWNER of real estate described in item 17 is filed as a fixture filing A Real Estate property situated in Manchester lowa locally known at 25719 206th Ave, (if Debtor does not have a record interest): Beverly L Schneider, Trustee of the Beverly L Manchester, Iowa 52057, being a cabin on Schneider Declaration of Trust leased land of Schneider in Section 23, Township 88 North, Range 5 West of the Fifth P.M.; Parcel ID #250230103109. 18. MISCELLANEOUS: