



Book 2023 Page 2486

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
563-927-4475

B. E-MAIL CONTACT AT FILER (optional)

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

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

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		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	FELDT		JUSTIN			
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
5482 Plainview Dr			Cedar Rapids	IA	52402	

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		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	MCCLARY		CARLY			
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		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	FARMERS & MERCHANTS SAVINGS BANK					
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
101 E. MAIN ST. PO BOX 588			MANCHESTER	IA	52057	

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

**BILL OF SALE DATED 9/29/23
LEGAL: LEASEHOLD INTEREST IN PROPERTY LCOATED AT 25955 206TH AVE., MANCHESTER IA 52057, BEING A BUILDING ON LAND LEASED OF SCHNEIDER, IN SECTION TWENTY THREE (23), TOWNSHIP EIGHTY-EIGHT (88) NORTH, RANGE FIVE (5), WEST OF THE FIFTH P.M.; PARCEL ID #000250230100609**

SEE ATTACHED ADDENDUM

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative					
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility				6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> 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
FELDT

FIRST PERSONAL NAME
JUSTIN

ADDITIONAL NAME(S)/INITIAL(S) 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
MCCLARY

INDIVIDUAL'S FIRST PERSONAL NAME
CARLY

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

10c. MAILING ADDRESS 5482 PLAINVIEW DR	CITY CEDAR RAPIDS	STATE IA	POSTAL CODE 52402	COUNTRY
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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
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11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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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):

JUSTIN FELDT & CARLY MCCLARY
2915 CASPIAN RD
HIAWATHA, IA 52233

16. Description of real estate:

BILL OF SALE DATED 9/2923
LEGAL: LEASEHOLD INTEREST IN PROPERTY LCOATED AT 25955 206TH AVE., MANCHESTER IA 52057, BEING A BUILDING ON LAND LEASED OF SCHNEIDER, IN SECTION TWENTY THREE (23), TOWNSHIP EIGHTY-EIGHT (88) NORTH, RANGE FIVE (5), WEST OF THE FIFTH P.M.; PARCEL ID #000250230100609

17. MISCELLANEOUS: