				-	-	- •	
UCC FINANCING STATEMENT					4:8: :	4160 615115 11517	
A. NAME & PHONE OF CONTACT AT FILER (optional)			ook 20	23 Pag		 3	
563-927-4475 B. E-MAIL CONTACT AT FILER (optional)		{		_		10 011	Pages 2
C. E MAILE GOTTAGE ATTACKET TO THE STATE OF		D	ate 10/0	33/2023	Time	3:09:07F	M S
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		R	ec Amt \$	12.00			
FARMERS & MERCHANTS SAVINGS BANK							
101 E. MAIN ST. PO BOX 588		D	aneen So	chindler	, RECOR	DER/REGI	STRAR
MANCHESTER, IA 52057		D	ELAWARE	COUNTY	IOWA		
		,	THE AROVE !	SPACE IS FO	OR FILING (OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name)	eme: do not omit						
name will not fit in line 1b, leave all of item 1 blank, check here and provide t	he Individual Deb	tor informatio	n in item 10 of	the Financing S	tatement Add	endum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME			٤ .				
OR	FIRST PERSONA	I MANE		LADDITIO	NAL NAME(S)/INITIAL(S)	TSUFFIX
16. INDIVIDUAL'S SURIVAME	JEFFREY			1,55,,,,	TABLE III WALLEY		
BORTSCHELLER 1c. MAILING ADDRESS	CITY				POSTAL CO	DDE	COUNTRY
5482 Plainview Dr	Cedar Rapid	ls		IΑ	52402		
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n	ame; do not omit the Individual Deb	, modify, or a	bbreviate any p	art of the Debte	or's name); if a	any part of the li	ndividual Debtor's CC1Ad)
Harrio Will flot in this 25 feet a series and a series an	the Individual Dec	tor information	on in item 10 of	the Financing C			
2a. ORGANIZATION'S NAME							
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
BORTSCHELLER	MAUREEN						OOLINITRY.
2c. MAILING ADDRESS	CITY			STATE	POSTAL CO	DDE	COUNTRY
The Date of the Control of the Contr	FD DARTVI Prov	ida only one	Secured Party n	ame (3a or 3h)	<u> </u>		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	ED PARTY: PIOV	ide only one .	secured rarry in	unio (ou or de)			+24
FARMERS & MERCHANTS SAVINGS BANK				TAGRITIC	NIAL NAME	NAME (ALIC)	ISUFFIX
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSON	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)		
3c. MAILING ADDRESS	CITY			STATE	POSTAL C	ODE	COUNTRY
101 E. MAIN ST. PO BOX 588	MANCHEST	TER		IA	52057		-
4. COLLATERAL: This financing statement covers the following collateral:	MANTONIZO						
T. COLLECTION IN MINISTRA COLLECTION IN COLL							
BILL OF SALE DATED 9/27/23	2002 2007	TU AVE N	AANICHESTI	ER IA 5205	7 REING I	COTTAGE N	Λ΄ 7 Ι ΔΝD
BILL OF SALE DATED 9/27/23 LEGAL: LEASEHOLD INTEREST IN PROPERTY LCOATED AT LEASED OF SCHNEIDER, IN SECTION TWENTY THREE (23)	, TOWNSHIP	EIGHTY-E	IGHT (88) N	ORTH, RAN	GE FIVE (E), WEST OF	THE
FIFTH P.M.; PARCEL ID #000250230100709				•	•		
					# - S ₁		÷ .
					•		
SEE ATTACHED ADDENDUM	(see UCC1Ad, ite	m 17 and In-	etructions)	being adminis	tered by a Dec	cedent's Person	al Representative
Check only if applicable and check only one box: Collateral is held in a Trust 6a. Check only if applicable and check only one box:	ISSE OCC (AG, IX	and in	ou de dons)			and check only	
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction	ansaction A Debtor is a Transmitting Utility			Agricultural Lien Non-UCC Filing			
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Cons	ignor	Seller/Buy	er [Bailee/Bailor	Lice	nsee/Licensor
8. OPTIONAL FILER REFERENCE DATA:							

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

POLEOW INSTRUCTIONS								
 NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statements because Individual Debtor name did not fit, check here 	ent; if line 1b was left blank							
9a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·							
OR								
96. INDIVIDUAL'S SURNAME BORTSCHELLER								
FIRST PERSONAL NAME								
JEFFREY ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX							
ADDITIONAL NAME(S)/INCHAL(S)		THE ABOVE SPACE I	S FOR FILING OFFICE U	ISE ONLY				
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor n do not omit, modify, or abbreviate any part of the Debtor's name) and entering the control of the Debtor's name.	name or Debtor name that did not fit in line ter the mailing address in line 10c	1b or 2b of the Financing S	tatement (Form UCC1) (use	exact, full name;				
10a. ORGANIZATION'S NAME								
OR 10b. INDIVIDUAL'S SURNAME								
BORTSCHELLER	_							
INDIVIDUAL'S FIRST PERSONAL NAME MAUREEN								
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX				
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY				
5482 PLAINVIEW DR	CEDAR RAPIDS	Į.A.	52402					
11. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED PARTY'S N	IAME: Provide only one nan	ne (11a or 11b)					
			TO STATE OF THE ST	SUFFIX				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)					
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY				
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			<u></u>					
				. •				
			· · · · · · · · · · · · · · · · · · ·					
13. This FINANCING STATEMENT is to be filed [for record] (or recorded REAL ESTATE RECORDS (if applicable)	in the 14. This FINANCING STATEME covers timber to be cu		collateral X is filed as a	fixture filing				
15. Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):	16 16. Description of real estate:	16. Description of real estate:						
JEFFREY & MAUREEN BORTSCHELLER	BILL OF SALE DATE	BILL OF SALE DATED 9/27/23 LEGAL: LEASEHOLD INTEREST IN PROPERTY LCOATED AT 25963 206TH						
5482 PLAINVIEW DR.	AVE., MANCHESTE	AVE., MANCHESTER IA 52057, BEING COTTAGE NO. 7 LAND LEASED OF						
CEDAR RAPIDS, IA 52402	SCHNEIDER, IN SEC	SCHNEIDER, IN SECTION TWENTY THREE (23), TOWNSHIP EIGHTY EIGHT						
		(88) NORTH, RANGE FIVE (5), WEST OF THE FIFTH P.M.; PARCEL ID #000250230100709						
	,,00020020010010	-						
17. MISCELLANEOUS:								