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**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

Freedom Bank  
PO Box 830 Elkader IA  
52043

A. NAME & PHONE OF CONTACT AT FILER (optional)

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B. E-MAIL CONTACT AT FILER (optional)  
service@freedombnk.com

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C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Daneen Schindler, RECORDER/REGISTRAR  
DELAWARE COUNTY IOWA

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	
	DAHLING		MATTHEW	MARVIN		
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
20151 GRANDVIEW RD			ELKADER	IA	52043	USA

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	
	DAHLING		JULIE	ANNE		
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
20151 GRANDVIEW RD			ELKADER	IA	52043	USA

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						
FreedomBank						
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
210 South Main PO Box 830			Elkader	IA	52043	USA

4. COLLATERAL: This financing statement covers the following collateral **FIXTURES: All goods now or in the future affixed or attached to real property. Leasehold interest in property located at 25913 206th Avenue, Manchester, Iowa 52057, being a cabin on leased land owned by the Beverly L. Schneider Declaration of Trust. Southwest Quarter (SW 1/4) of the Southeast Quarter (SE 1/4) of Section Twenty Three (23), Township Eighty-Eight (88) North, Range Five (5), West of the Fifth P.M.; Parcel ID # 000250230100319**

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 <u>only</u> if applicable and check <u>only</u> one box:	6b. 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	<input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor     Consignee/Consignor     Seller/Buyer     Bailee/Bailor     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 DÄHLING	
FIRST PERSONAL NAME MATTHEW	
ADDITIONAL NAME(S)/INITIAL(S) MARVIN	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				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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):  
Fixtures: BEVERLY L SCHNEIDER.

16. Description of real estate:

The goods are or are to become fixtures on: Leasehold interest in property located at 25913 206th Avenue, Manchester, Iowa 52057, being a cabin on leased land owned by the Beverly L. Schneider Declaration of Trust. Southwest Quarter (SW ¼) of the Southeast Quarter (SE ¼) of Section Twenty Three (23), Township Eighty-Eight (88) North, Range Five (5), West of the Fifth P.M.; Parcel ID # 000250230100319.

17. MISCELLANEOUS: