

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

B. E-MAIL CONTACT AT FILER (optional)
 uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 46322 - SunTrust Bank

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	96954043
	IAIA FIXTURE

File with: Delaware, IA

Recorded: 1/18/2024 at 9:37:17.0 AM
 County Recording Fee: \$17.00
 Iowa E-Filing Fee: \$3.00
 Combined Fee: \$20.00
 Revenue Tax: \$0.00
 Delaware County, Iowa
 Daneen Schindler RECORDER
 BK: 2024 PG: 121

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	
	ZIMMER		ROBERT			
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
3249 312TH AVE			HOPKINTON	IA	52237-7615	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	
	ZIMMER		GLENDA	M		
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
3249 312TH AVE			HOPKINTON	IA	52237-7615	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						
SERVICE FINANCE COMPANY, LLC						
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
555 SOUTH FEDERAL HWY SUITE 200			BOCA RATON	FL	33432	USA

4. **COLLATERAL:** This financing statement covers the following collateral:
 WALK IN TUB

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 only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. **ALTERNATIVE DESIGNATION** (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensors

8. **OPTIONAL FILER REFERENCE DATA:**
 96954043 2831869



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

OR	9a. ORGANIZATION'S NAME	
	9b. INDIVIDUAL'S SURNAME ZIMMER	
	FIRST PERSONAL NAME ROBERT	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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

OR	10a. ORGANIZATION'S NAME				
	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)

OR	11a. ORGANIZATION'S NAME				
	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):

16. Description of real estate:

PARCEL ID:430-27-01-012-00

ZIMMER
3249 312TH AVE
HOPKINTON, IA 52237-7615

[See Exhibit for Real Estate]

17. MISCELLANEOUS: 96954043-IA-55 46322 - SunTrust Bank

SERVICE FINANCE COMPANY, LLC File with: Delaware, IA 2831869

Debtor: ZIMMER, ROBERT

Exhibit for Real Estate

16. Description of real estate: Continued

LEGAL DESCRIPTION: LOTS 300, 301, 302, 303, 306, 368; AND THE SOUTH 44 FEET OF LOT 299 AND THE EAST 80 FEET OF LOTS 304 AND 305; AND LOTS 307 AND 367 EXCEPT THE NORTH 27 FEET THEREOF; ALL IN SAND SPRING IOWA ACCORDING TO PLAT RECORDED IN BOOK I L.D., PAGES 220-221; EXCEPT THAT PART OF SAID LOT 303 DESCRIBED AS COMMENCING AT THE NORTHWEST CORNER OF SAID LOT 303 AND RUNNING EAST ALONG THE NORTH LINE OF SAID LOT 303, 52 FEET, THENCE SOUTH PARALLEL TO THE WEST LINE OF SAID LOT 303 TO THE SOUTH LINE OF SAID LOT 303, THENCE SOUTHWESTERLY ALONG THE SOUTH LINE OF SAID LOT 303 TO THE SOUTHWEST CORNER OF SAID LOT 303, THENCE NORTHERLY ALONG THE WEST LINE OF SAID LOT 303 TO THE POINT OF BEGINNING.

