



Recorded: 1/31/2024 at 9:24:45.0 AM
 County Recording Fee: \$12.00
 Iowa E-Filing Fee: \$3.00
 Combined Fee: \$15.00
 Revenue Tax: \$0.00
 Delaware County, Iowa
 Daneen Schindler RECORDER
 BK: 2024 PG: 236

UCC FINANCING STATEMENT
 FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Hannah Wille

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

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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 Shover	FIRST PERSONAL NAME Todd	ADDITIONAL NAME(S)/INITIAL(S) Larry	SUFFIX
---	------------------------------------	---	--------

1c. MAILING ADDRESS

905 D Avenue	CITY Grundy Center	STATE IA	POSTAL CODE 50638	COUNTRY
---------------------	------------------------------	--------------------	-----------------------------	---------

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 Shover	FIRST PERSONAL NAME Elizabeth	ADDITIONAL NAME(S)/INITIAL(S) Mary	SUFFIX
---	---	--	--------

2c. MAILING ADDRESS

905 D Avenue	CITY Grundy Center	STATE IA	POSTAL CODE 50638	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
Community Savings Bank

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
--------------------------	---------------------	-------------------------------	--------

3c. MAILING ADDRESS

101 E Union St	CITY Edgewood	STATE IA	POSTAL CODE 52042	COUNTRY
-----------------------	-------------------------	--------------------	-----------------------------	---------

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

Cottage identified as Cottage No. 14, and Tax Parcel No. 250-23-01-020-09, situated on leased land locally known as 20715 257th St., Manchester, Iowa, being a part of the Southwest Quarter and part of the Southeast Quarter of Section 23, Township 88 North, Range 5 West of the 5th P.M., Delaware County, Iowa.

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/Licensor

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	
Shover	
FIRST PERSONAL NAME	
Todd	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Larry	

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):

BRUCE SCHNEIDER
20179 258TH STREET
Manchester , IA 52057

16. Description of real estate:

Cottage identified as Cottage No. 14, and Tax Parcel No. 250-23-01-020-09, situated on leased land locally known as 20715 257th St., Manchester, Iowa, being a part of the Southwest Quarter and part of the Southeast Quarter of Section 23, Township 88 North, Range 5 West of the 5th P.M., Delaware County, Iowa.

17. MISCELLANEOUS: