

Recorded: 7/19/2024 at 2:30:45.0 PM  
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: 1719

### UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS DCN: B5A3D4E86B32E52262C9BC22210EBC13

A. NAME & PHONE OF CONTACT AT FILER (optional) Justin Ness (319)373-5400
B. E-MAIL CONTACT AT FILER (optional) jness@heritagemarion.bank
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Heritage Bank 695 Marion Blvd Marion, IA 52302

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
Brewer	Mark	Douglas		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
720 Hillview Drive	Fairfax	IA	52228	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
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	Heritage Bank			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
695 Marion Blvd.	Marion	IA	52302	USA

4. COLLATERAL: This financing statement covers the following collateral:  
LESSEE'S INTEREST IN THE LEASE AGREEMENT DATED JULY 19, 2024, MARK DOUGLAS BREWER AS LESSEE'S AND HARTWICK POINT L.L.C. AS LESSOR. INCLUDING ALL EASEMENTS, HEREDITAMENTS, PRIVILEGES, BUILDINGS, FIXTURES AND IMPROVEMENTS NOW OR HEREAFTER ERECTED OR LOCATED ON THE LAND DESCRIBED ON THE ATTACHED ADDENDUM DURING THE TERM OF THE LEASE.

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/Licensor	
8. OPTIONAL FILER REFERENCE DATA:	

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS DCN: 49994B5CE1F6DA24C7D9D337A2B61055

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

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OR

9b. INDIVIDUAL'S SURNAME  
Brewer

FIRST PERSONAL NAME  
Mark

ADDITIONAL NAME(S)/INITIAL(S) Douglas	SUFFIX
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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

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OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

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

	SUFFIX
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10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	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

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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):  
 DEBORAH KNAKE, RYAN COOEY AND RALPH COOEY

16. Description of real estate:  
 PART OF LOT 26052 224 AVE IN HARTWICK POINT L.L.C., IN PART OF THE NW 1/4 QT. OF THE NW 1/4 QT. OF SECTION 30, DELHI TWP. R4W, DELAWARE COUNTY, IA

ALSO DESCRIBED AS

LEASEHOLD INTEREST IN PROPERTY LOCATED AT 26052 224TH AVE., DELHI, IA 52223, BEING A CABIN ON LAND LEASED OF COOEY IN SECTION THIRTY (30), TOWNSHIP EIGHTY EIGHT (88) NORTH, RANGE FOUR (4), WEST OF THE FIFTH P.M.

PARCEL ID #000220300101009

17. MISCELLANEOUS: