



Recorded: 8/23/2024 at 1:26:04.0 PM  
 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: 2058

**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)** 58484 - Launch Servicing

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	100391902  IAIA FIXTURE
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File with: Delaware, IA

**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
	Burger		Nancy		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
3227 160th St		New Vienna	IA	52065	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
	Burger		Brian		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
3227 160th St		New Vienna	IA	52065	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					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	EnFin Corp.				
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
400 Spectrum Center Drive, Suite 1400		Irvine	CA	92618	USA

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

**PURCHASE MONEY SECURITY INTEREST IN SOLAR PRODUCT FIXTURES: ALL OF THE DEBTOR'S RIGHT, TITLE AND INTEREST IN PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT (IF ANY), INCLUDING BUT NOT LIMITED TO ROOFTOP OR GROUND MOUNT SOLAR PANELS, ELECTRICAL INVERTERS, MICROINVERTERS OR POWER OPTIMIZERS, BATTERIES OR OTHER STORAGE SYSTEMS, EV CHARGERS, CABLES AND WIRES, SUPPORT BRACKETS, RELATED EQUIPMENT, AND ADDITIONS OR REPLACEMENTS OF THE SAME. IN ADDITION, THE SECURITY INTEREST INCLUDES ALL WARRANTIES ISSUED WITH RESPECT TO THE REFERENCED COLLATERAL.**

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:**  
 100391902                      LoanID 782753                      LenderCode ENFIN1



# 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	
	Burger	
	FIRST PERSONAL NAME	
	Nancy	
	ADDITIONAL NAME(S)/INITIAL(S)	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):

16. Description of real estate:  
  
**Recorded: 09/09/2021**  
**Book/Page: 2021/3236**  
  
**Legal Description as per last deed of record**  
**THE FOLLOWING DESCRIBED REAL ESTATE IN**  
**DELAWARE COUNTY, IOWA:**  
**ALL OF OUR UNDIVIDED ONE-HALF INTEREST IN:**  
**[ See Exhibit for Real Estate ]**

17. MISCELLANEOUS: 100391902-IA-55 58484 - Launch Servicing LLC    EnFin Corp.    File with: Delaware, IA    LoanID 782753    LenderCode ENFIN1



**Debtor:** Burger, Nancy

Exhibit for Real Estate

**16. Description of real estate:** Continued

THE NORTHEAST QUARTER (NE 1/4) OF THE  
SOUTHWEST QUARTER (SW 1/4) OF SECTION  
THIRTYFIVE (35), ALL IN TOWNSHIP NINETY (90)  
NORTH, RANGE THREE (3), WEST OF THE FIFTH  
P.M., DELAWARE COUNTY, IOWA.  
APN: 010350000520

