



Recorded: 3/17/2025 at 10:51:22.0 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: 2025 PG: 664

**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 <b>Burke</b>	FIRST PERSONAL NAME <b>Kelsey</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Kaye</b>	SUFFIX
1c. MAILING ADDRESS <b>2962 220th St</b>	CITY <b>Winthrop</b>	STATE <b>IA</b>	POSTAL CODE <b>50682</b>
		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 <b>Burke</b>	FIRST PERSONAL NAME <b>Ryan</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Michael</b>	SUFFIX
2c. MAILING ADDRESS <b>2962 220th St</b>	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  
**Community Savings Bank**

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>101 E Union St</b>	CITY <b>Edgewood</b>	STATE <b>IA</b>	POSTAL CODE <b>52042</b>
		COUNTRY	

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

Leasehold interest in property located at 25910 206th Ave., Delhi, IA 52223, being a cabin on leased land in Schneider Bay Camp in Section Twenty Three (23), Township Eighty Eight (88) North, Range Five (5), West of the Fifth PM. Parcel ID #000250230101309.

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	
Burke	
FIRST PERSONAL NAME	
Kelsey	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Kaye	

**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):

<p>13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</p>	<p>14. This FINANCING STATEMENT:  <input type="checkbox"/> covers timber to be cut    <input type="checkbox"/> covers as-extracted collateral    <input type="checkbox"/> is filed as a fixture filing</p>
<p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):</p> <p><b>Beverly Schneider Trust, and Bruce &amp;/or Margie Schneider</b></p>	<p>16. Description of real estate:</p> <p><b>Leasehold interest in property located at 25910 206th Ave., Delhi, IA, 52223, being a cabin on leased land at Schneider Bay Camp in Section Twenty Three (23), Township Eighty Eight (88), North, Range Five (5), West of the Fifth PM. Parcel ID #000250230101309.</b></p>

17. MISCELLANEOUS: