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Document 2025 3238 Type 10 013 Pages 2
Date 12/01/2025 Time 10:15:51AM
Rec Amt \$12.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

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

Dale Boeckenstedt (563) 856-2525

B. E-MAIL CONTACT AT SUBMITTER (optional)

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Farmers Savings Bank
205 Main St., P.O. Box 127
Colesburg, IA 52035

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

Document 2010 2638, Type 10 011 2 pages, Filed August 31, 2010 at 9:38:12AM.

1b. ☒ This FINANCING STATEMENT AMENDMENT is to be filed [for record]
(or recorded) in the REAL ESTATE RECORDS

File: attach Amendment Addendum (Form UCC3A.d) and provide Debtor's name in

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement3. ☐ ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9
For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 84. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. PARTY INFORMATION CHANGE:

Check one of these two box-

AND Check one of these three boxes to:

This Change affects ☒ Debtor or ☐ Secured Party of record☒ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c☐ ADD name: Complete item 7a or 7b, and item 7c☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

Maifeld

FIRST PERSONAL NAME

Arlyn

ADDITIONAL NAME(S)/INITIAL(S)

D.

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

Maifeld

INDIVIDUAL'S FIRST PERSONAL NAME

Arlynn

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

David

SUFFIX

7c. MAILING ADDRESS

2046 200th Ave.

CITY

Manchester

STATE

IA

POSTAL CODE

52057

COUNTRY

USA

8. COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN* collateral

Indicate collateral:

*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

Farmers Savings Bank

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

Amend Name- Arlyn D. Maifeld to Arlynn David Maifeld.

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form
Document 2010 2638, Type 10 011 2 pages, Filed August 31, 2010 at 9:38:12AM.

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME Farmers Savings Bank	
OR	
12b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fit

13a. ORGANIZATION'S NAME			
OR			
13b. INDIVIDUAL'S SURNAME Maifeld	FIRST PERSONAL NAME Arlynn	ADDITIONAL NAME(S)/INITIAL(S) David	SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ☐ ITEM 8 (Collateral) OR ☐ OTHER INFORMATION (Please Describe)

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest):

17. Description of real estate:

Parcel D, Part of Parcel A in the SE 1/4-NW
1/4 Section 34 - T90N - R4W Delaware
County, Iowa according to Plat Recorded in
Book 2001, Page 1664.

18. MISCELLANEOUS:

Amend Name- Arlyn D. Maifeld to Arlynn David Maifeld.