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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
HOLLY ARCENEAUX

B. E-MAIL CONTACT AT FILER (optional)
HOLLY.ARCENEAUX@EARLHAMBANK.COM

C. SEND-ACKNOWLEDGMENT TO: (Name and Address)

EARLHAM SAVINGS BANK
130 N CHESTNUT AVE
EARLHAM, IA 50072

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
PATIENCE	JARED	JOHN	

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1984 152ND STREET	EARLHAM	IA	50072	

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
EARLHAM SAVINGS BANK

OR

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

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
130 N CHESTNUT AVE	EARLHAM	IA	50072	

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

ACCOUNTS AND OTHER RIGHTS TO PAYMENT, INVENTORY, EQUIPMENT, INSTRUMENTS AND CHATTEL PAPER, GENERAL INTANGIBLES, DOCUMENTS, FARM PRODUCTS AND SUPPLIES, GOVERNMENT PAYMENTS AND PROGRAMS, INVESTMENT PROPERTY, DEPOSIT ACCOUNTS. ALL ASSETS OF THE DEBTOR NOW OWNED AND HEREAFTER ACQUIRED.

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: BOOK 2014 PAGE 568

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
PATIENCE

FIRST PERSONAL NAME
JARED

ADDITIONAL NAME(S)/INITIAL(S)
JOHN

SUFFIX

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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):
MRS. MARK PEARSON
AKA EDEN PEARSON

16. Description of real estate:
EAST 1/2 SW 1/4 SW 1/4 & SE 1/4 SW 1/4 & SW 1/4 SE 1/4 SECTION 5, TOWNSHIP 74 RANGE 27

N 1/2 NW 1/4 & E30 ACRES SW 1/4 NW 1/4 SECTION 8, TOWNSHIP 74 RANGE 27

AMMENDED TO RELEASE 1 PARCEL OF LAND (SEE DESCRIPTION IN "MISCELLANEOUS")

17. MISCELLANEOUS:
RELEASE N 15 ACRES NE 1/4 NW 1/4 & SW 1/4 NW 1/4 NE 1/4 NW 1/4 NW 1/4 NW 1/4 NW 1/4 NE 1/4 SECTION 9, TOWNSHIP 74, RANGE 27