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Book 2025 Page 591 Type 17 001 Pages 3

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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (Optional)
B. EMAIL CONTACT AT SUBMITTER (Optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Cardinal Financial Company, Limited Partnership 3701 Arco Corporate Drive, Suite 200 Charlotte, NC 28273 LOAN NUMBER: 1402154255

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)

6/3

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME Tyler	FIRST PERSONAL NAME Garrett	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1315 N 8th Avenue, Apt 1		CITY Winterset	STATE IA	POSTAL CODE 50273 COUNTRY 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 Schrodt	FIRST PERSONAL NAME Gracen	ADDITIONAL NAME(S) INITIAL(S) E	SUFFIX
2c. MAILING ADDRESS 1315 N 8th Avenue Apt 1		CITY Winterset	STATE IA	POSTAL CODE 50273 COUNTRY 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 Mortgage Electronic Registration, Inc. (MERS)				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P.O. Box 2026		CITY Flint	STATE MI	POSTAL CODE 48501- 2026 COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF AS EXHIBIT "A".
A.P.N.: 51009072802000

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 Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

Lender NMLS ID: 66247
Loan Officer Name: Drake Hadacek
Loan Officer NMLS ID: 2136903

International Association of Commercial Administrators (IACA)

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	
Tyler	
FIRST PERSONAL NAME	
Garrett	
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	
Schrodt	
INDIVIDUAL'S FIRST PERSONAL NAME	
Gracen	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
E	

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1315 N 8th Avenue Apt 1	Winterset	IA	50273	USA

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME			
Mortgage Electronic Registration, Inc. (MERS)			
OR			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P.O. Box 2026	Flint	MI	48501-2026	USA

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:
 See legal description attached hereto and made a part hereof as Exhibit "A".
 A.P.N.: 510090728020000

17. MISCELLANEOUS:

EXHIBIT "A"

LEGAL DESCRIPTION

A tract of land located in the Southeast Quarter (1/4) of the Northeast Quarter (1/4) of Section Seven (7), Township Seventy five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa, more particularly described as follows, to-wit: Commencing on the quarter section line at a point 1805 feet East of the Southwest Corner of the Northeast Quarter (1/4) of said Section Seven (7), running thence North 201 feet, thence Westerly 149 feet, thence North 243 feet 4 inches, thence Easterly 384 feet, thence South 435 feet 3 inches to the South line of said quarter section, thence Westerly along said quarter section line to the point of beginning, containing 3.15 acres, more or less.

