



Document 2026 808

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Cardinal Financial Company, Limited Partnership 3530 Toringdon Way, Suite 200 Charlotte, NC 28277 LOAN NUMBER: 1402256200

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Ramirez	Alex		
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1235 11th Street, APT 107	West Des Moines	IA	50265	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
	Hepker Ramirez	Melissa		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1235 11th Street APT 107	West Des Moines	IA	50265	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	CITY	STATE	POSTAL CODE	COUNTRY
P.O Box 2026	Flint	MI	48501-2026	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.: 850000105064000

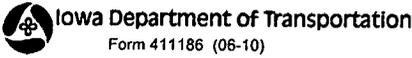
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input checked="" type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:	

Lender NMLS ID: 66247
Loan Officer Name: Pat Wilsbacher
Loan Officer NMLS ID: 2780988

LEGAL DESCRIPTION

Lot Eight (8) in Block Five (5) of the Original Town of Earlham, Madison County,
Iowa.





Preparer _____
 Name Street Address City State Zip Phone
 Return Document To: _____

AFFIDAVIT IN LIEU OF SURRENDER OF TITLE PURSUANT TO IOWA CODE SECTION 435.26B

PART A - OWNER INFORMATION

Full Legal Name - Owner #1: Alex Dominic Ramirez
 First Middle Last
 Residence Address 1235 11th St Apt 102 WDM Polk IA 50205
 (Business Address if organization) Address City County State Zip Code
 Mailing Address: _____
 Address City County State Zip Code
 Iowa DL # or Iowa ID # 748XX3348 Tax Identification # 480-04-8641
 (If individual) (If organization)

Full Legal Name - Owner #2: Melissa Kay Hepker-Ramirez
 First Middle Last
 Residence Address 1235 11th St Apt 107 WDM Polk IA 50205
 (Business Address if organization) Address City County State Zip Code
 Mailing Address: _____
 Address City County State Zip Code
 Iowa DL # or Iowa ID # 718YY8724 Tax Identification # 480 82 0096
 (If individual) (If organization)

If there are additional owners, attach a separate page to this affidavit listing the owner information required above.

PART B - DESCRIPTION OF MANUFACTURED OR MOBILE HOME

1/30/97 Wick XL 439 91618 A+B
 Year Make Model Serial Number (or other unique identifying number)



PART C - STATEMENT OF OWNERSHIP, LIENS, ENCUMBRANCES, OR SECURITY INTERESTS

Owner(s) has/have title or interest in the manufactured or mobile home described in Part B of this affidavit ("the Home") as follows:

Following is a complete listing of the names and addresses of all persons having a lien, encumbrance, or security interest in the Home. If none, so state _____

Name	Mailing Address (Address, City, State, Zip)	Interest Held

If there are additional persons that have a lien, encumbrance, or security interest in the Home, attach a separate page to this affidavit listing the name of each person holding the interest, the person's mailing address, and the nature of the interest held.

PART D - FACTS AFFECTING VALIDITY OF TITLE, LIENS, ENCUMBRANCES OR SECURITY INTERESTS

Check one of the following:

- The owner(s) is/are NOT aware of (i) any other claim, lien, or encumbrance affecting the Home, (ii) any facts or information that could reasonably affect the validity of title of the Home or the existence of any security interests in it.
- The owner(s) is/are aware of (i) other claims, liens, or encumbrances affecting the Home, and/or (ii) facts or information that could reasonably affect the validity of title of the Home or the existence of any security interests in it. (Attach separate explanation).

PART E - PERSON FROM WHOM PURCHASED OR ACQUIRED

The owner(s) purchased the Home from the following:

Name: Carol Miller

Address: 130 NW Elm Earlham Madison IA 50072
Street City County State Zip Code

Date of purchase/acquisition: 3/24/26 Location of purchase/acquisition 130 NW Elm
Earlham, IA 50072

PART F - TITLE OPINION

Attached to this affidavit is a written opinion by an attorney licensed to practice law in this state who has examined the abstract of title of the land upon which the Home is situated. The opinion states the names of the owners and holders of mortgages, liens, or other encumbrances on the land upon which the Home is situated and notes the encumbrances along with any bonds securing the encumbrances. Utility easements shall not be construed to be encumbrances.

PART G - LOCATION OF MANUFACTURED OR MOBILE HOME

The Home is located on real property described in the attorney title opinion referenced in Part F and:

1. Is located outside a manufactured home community or mobile home park;
2. Has been converted to real estate by being placed on a permanent foundation;
3. Has been entered on the tax rolls.

THIS PART TO BE ENDORSED BY THE CITY OR COUNTY ASSESSOR:

Shawn Nigg 3-12-26
Signature of City or County Assessor Date

SHAWN NIGG
Printed Name of City or County Assessor

