This FINANCING STATEMENT is presented to THE FILING OFFICER for filing for record in real estate records:

1. Debtor(s) (Last Name First) and address(es)	2. Secured Party(ies) and address(es)	3. For Filing Officer (Date, Time, Number, and Filing Office)
Robert J. Krantz & Carmen M. Krantz DBA/Manchester Cabinetry 1101 E. Main St. Manchester, IA 52057	FARMERS & MERCHANTS SAVINGS BANK 101 East Main Manchester, Iowa 52057	'97 MAY 12 PM 4 16 321-3348 134 164 #16.00 DELAWARE COUNTY IOWA RECORDER CHATTEL MTG. INDEX INDEXED IN

4. This Financing Statement covers the following types (or items) of property:
All equipment including , but not limited to, all machinery, vehicles, furniture, fixtures, manufacturing equipment, farm machinery and equipment, shop equipment, office and record keeping equipment and parts and tools. Any equipment describe

Name and Address of Assignee

6. **Check appropriate box(es)** ☒ **The above goods are or are to become fixtures on** ☐ **The above timber is standing on** ☐ **The above minerals or the like (including oil and gas) or minerals accounts will be financed at the wellhead of the well or mine located on Describe real estate below. (See instruction #4):**
The East one hundred (100) feet of the West four hundred (400) feet of the North two hundred thirty three (233) feet of the Northwest Quarter (NW 1/4) of the Northeast Quarter (NE 1/4) of Section Thirty three (33), Township Eighty Nine (89) North, Range Five (5) West of the Fifth Principal Meridian

The name of a record owner is Robert & Carmen Krantz

7. ☒ Products of collateral are also covered.

8. Robert J. Krantz
Signature of Debtor
Robert J. Krantz
Type or Print all names (Iowa Code 335.2)

Carmen M. Krantz
Signature of Debtor
Carmen M. Krantz
Type or Print all names (Iowa Code 335.2)

Secured Party or other appropriate signature may be substituted for debtor(s) signature only in cases covered by UCC 9-402(2), 9-408 and 11105(3), (5), (7) and must be identified as such when used.

Form Approved By: ELAINE BAXTER, Secretary of State

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