[redacted]

DELAWARE COUNTY IOWA
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BOOK 2002 PAGE 3727
DEBORAH FRANK
DELAWARE COUNTY RECORDER
11.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
JERRY BURKE, CITIZENS STATE BANK 563-927-8019

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

CITIZENS STATE BANK
PO BOX 517
MONTICELLO, IA 52310

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
PILKINGTON	RANDAL	R.	

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
229 ALTA VISTA AVENUE	WATERLOO	IA	50703	USA

1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
				☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
PILKINGTON	PATRICE	A.	

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
229 ALTA VISTA AVENUE	WATERLOO	IA	50703	USA

2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
CITIZENS STATE BANK

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO BOX 517	MONTICELLO	IA	52310	USA

4. This FINANCING STATEMENT covers the following collateral:
CABIN ON LEASED LAND AT EARL AND NOLA SCHMIDT CAMP, DELAWARE COUNTY, IOWA, TAX PARCEL # 25026010070900, PART OF THE NW 1/4 NE 1/4 SECTION 26, TOWNSHIP 88 NORTH, RANGE 5 WEST OF THE FIFTH P.M., STREET ADDRESS OF 20470 - 261ST STREET, DELHI, IOWA, INCLUDING THE FOLLOWOING ITEMS OF PERSONAL PROPERTY: ONE (1) 1983 LANDAU PONTOON/MOTOR; ONE (1) 1975 CRESTLINE/MOTOR/TRAILER; TWO (2) LIFT STATIONS; STOVE, REFRIGERATOR, MICROWAVE, T.V., WOODBURNER, SIMPLICITY RIDING LAWN MOWER, ALL FURNITURE AND POTS, PANS AND SILVERWARE.

5. ALTERNATIVE DESIGNATION [if applicable]: ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

Bankers Systems, Inc., St. Cloud, MN Form UCC-1-LAZ 5/30/2001

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

Citizens State Bank
1218 W. Main, Manchester IA

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

OR	9a. ORGANIZATION'S NAME		
	9b. INDIVIDUAL'S LAST NAME: PILKINGTON	FIRST NAME: RANDAL	MIDDLE NAME,SUFFIX: R.

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

OR	11a. ORGANIZATION'S NAME				
	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				☒ NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

OR	12a. ORGANIZATION'S NAME				
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

CABIN ON LEASED LAND AT EARL AND NOLA SCHMIDT CAMP, DELAWARE COUNTY, IOWA, TAX PARCEL #25026010070900, PART OF THE NW1/4 NE1/4 SECTION 26, TOWNSHIP 88 NORTH, RANGE 5 WEST OF THE FIFTH P.M.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

NOLA M. SCHMIDT 26500 204TH AVE, MANCHESTER, IA 52057

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction -- effective 30 years

☐ Filed in connection with a Public-Finance Transaction -- effective 30 years