[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
ROSEMARY DREES 563-927-4475

B. E-MAIL CONTACT AT FILER (optional)
RDREES@FMBANK.BIZ

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
FARMERS & MERCHANTS SAVINGS BANK
101 E. MAIN ST. PO BOX 588
MANCHESTER, IA 52057

Book 2016 Page 455

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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

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	
MCNAMARA	CHRISTOPHER				
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
1444 TERRACE LANE	WEST LIBERTY	IA	52776		

2015-2430

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	
MCNAMARA	JILL				
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
1444 TERRACE LANE	WEST LIBERTY	IA	52776		

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					
FARMERS & MERCHANTS SAVINGS BANK					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
101 E. MAIN ST. PO BOX 588	MANCHESTER	IA	52057		

4. COLLATERAL: This financing statement covers the following collateral:
BILL OF SALE DATED 8/31/2015 BETWEEN R. JEFFREY ULFERTS AND ANGELA A ULFERTS TO CHRISTOPHER MCNAMARA & JILL MCNAMARA CABIN ON LEASED LAND OF EARL SCHMIDT CAMP PARCEL #250260101909 LOCATED AT 20302 260TH ST, MANCHESTER, IA 52057

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:

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 [X]

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

MCNAMARA

FIRST PERSONAL NAME

CHRISTOPHER

ADDITIONAL NAME(S)/INITIAL(S) | 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

MCNAMARA

INDIVIDUAL'S FIRST PERSONAL NAME

JILL

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1444 TERRACE LANE	WEST LIBERTY	IA	52776	

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. [X] 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):

CHRISTOPHER MCNAMARA & JILL MCNAMARA
1444 TERRACE LANE
WEST LIBERTY, IA 52776

16. Description of real estate:

CABIN ON LEASED LAND OF EARL SCHMIDT CAMP PARCEL #250260101909 LOCATED AT 20302 260TH ST, MANCHESTER, IA 52057

17. MISCELLANEOUS: