UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

American Trust & Savings Bank
895 Main Street
PO Box 938
Dubuque IA 52004

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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 Rahe	FIRST PERSONAL NAME Keith	ADDITIONAL NAME(S)/INITIAL(S) G		SUFFIX	
1c. MAILING ADDRESS 30254 Golf Course Rd	CITY Dyersville	STATE IA	POSTAL CODE 52040	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 Rahe	FIRST PERSONAL NAME Jacque	ADDITIONAL NAME(S)/INITIAL(S) K		SUFFIX	
2c. MAILING ADDRESS 30254 Golf Course Rd	CITY Dyersville	STATE IA	POSTAL CODE 52040	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 American Trust & Savings Bank					
OR					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
3c. MAILING ADDRESS 1422 9th Street, SE	CITY Dyersville	STATE IA	POSTAL CODE 52040-0307	COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

DEBTOR'S INTEREST IN A RESIDENCE ON 25899 206th AVENUE, MANCHESTER, IA., 52057, DELAWARE COUNTY, IOWA, TOGETHER WITH ALL FURNITURE, FIXTURES, APPLIANCES AND EQUIPMENT CONVEYED TO DEBTOR BY BILL OF SALE DATED AUGUST 25, 2014. AMERICAN TRUST AND SAVINGS BANK HAS ALSO TAKEN INTEREST IN A CERTAIN LEASE DESIGNATED BEVERLY L SCHNEIDER, AS LESSOR, AND KEITH G. RAHE AND JACQUE K. RAHE, AS LESSEE. SAID LEASE WAS ASSIGNED TO KEITH G. RAHE AND JACQUE K. RAHE BY ASSIGNMENT OF LEASE DATED AUGUST 18, 2014, AND A COTTAGE ON LEASED LAND LOCATED IN SCHNEIDERS CAMP IN SW SE SECTION 23, TOWNSHIP 88 NORTH, RANGE 5 WEST OF THE FIFTH P.M. KNOWN AS 25899 206TH AVE MANCHESTER, IOWA 52057 PARCEL ID #000250230100309.

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 ☐

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME
Rahe

FIRST PERSONAL NAME
Keith G

ADDITIONAL NAME(S)/INITIAL(S)
Rahe, Jacque K

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
Rahe

INDIVIDUAL'S FIRST PERSONAL NAME
Keith

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)
Jacque K. Rahe

SUFFIX

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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. ☒ 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):
KEITH G RAHE
JACQUE K RAHE
30254 GOLF COURSE RD

16. Description of real estate:
COTTAGE ON LEASES LAND LOCATED IN SCHNEIDERS CAMP IN SW SE SECTION 23,TOWNSHIP 88 NORTH, RANGE 5 WEST OF THE FIFTH P.M. KNOWN AS 25899 206TH AVE MANCHESTER, IOWA 52057 PARCEL ID #000250230100309.

17. MISCELLANEOUS:

Compliance Systems, Inc. 2002 - 2013
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