This FINANCING STATEMENT is presented to THE FILING OFFICER for filing for record in the real estate records: 1. Debtor(s) (Last Name First) and address(es) For Filing Officer (Date, Time, Number and Filing Office) 2. Secured Party(ies) and address(es) WINTERSET CARE CENTER SOUTH, INC. American Federal Savings and 712 South 2nd Avenue Loan Association of Central FILED NO. Winterset, Iowa I0wa n/k/a American Federal Savings UCC Rec. and Loan Association of Iowa 1988 JAN 21 AM 10:58 601 Grand Avenue Des Moines, Iowa 50309 MARY E. WELTY RECORDER 5. Name and address of Assigned 4. This Financing Statement covers the following types (or items) of property: Fee \$15.00 The intent of this financing statement is to coverall fixtures, furnishings and equipment whether attached or detached necessary to the operation of a 49 bed nursing home, including but not limited to all refrigerators, all stoves, all dishwashers and all carpeting in the unit. 6. Check appropriate box(s). The above goods are or are to becomes fixtures on 🖾 The above timber is standing on 🔲 The above minerals or the like (including oil and gas) or mineral accounts will be financed at the wellhead or minehead located on 🔲 (Describe real estate below. See instruction #4): Blocks Three (3) and Four (4) of HORNBACK AND BEVINGTON'S ADDITION to the City of Winterset, Madison County, Iowa, and the vacated alleys running North and South in each of the said Blocks, and the vacated street running North and South between said Blocks, except Lot 10 in said Block 3, and except the West 8.25 feet of the North 66.0 feet of said Vacated Alley in Block 3, This is a refiling of lapsed UCC No. 1136 filed in Madison County, Iowa on December 31, 1979 in Book 2 Page 24. WINTERSET CARE CENTER SOUTH, INC.

American Federa

ation of Iowa

Secretary

es covered by UCC 9-402(2), 9-408 a

1 FILING OFFICER COPY ALPHABETICAL

Form Approved (7-1-81) By: MARY JANE ODELL, Secretary of State

Secured party or other appropriate signature may be substituted for debtor(s) signature only in case substituted.

This FINANCING STATEMENT is presented to THE FILING OFFICER for filing for re	ecord in the real estate records:
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)
WINTERSET CARE CENTER SOUT AMERICAN FEDERAL SAYINGS AND INC. LOAN ASSOCIATION OF CENTRAL	421072-09
712 South 2nd Avenue IONA	FILED NO. 1136 BOOK 2 PAGE 24
Winterset, Iowa 6th and Grand Des Moines, Iowa 50307	· ucc
	1979 DEC 31 PM 3:57
	MARY E. WELTY
This Financing Statement covers the following types (or items) of property:	5 Nerautson toun Triowa
The intent of this financing statement is to cover all fixtures, furnishings and equipment whether attached or	MICROFILMED
detached necessary to the operation of a 28 49 bed nursing	
nome, including but not limited to all refrigerators, all stoves, all dishwashers and all carpeting in the unit. Check appropriate box(s) The above goods are or are to become fixtures on The above timb	per is standing on [7] The above minerals or the
like (including oil and gas) or mineral accounts will be financed at the wellhead of the well o	
See instruction #4):	PARTERN AS AL AL
Blocks Three (3) and Four (4) of HORMBACK AND BEVINGTON' of Winterset, Madison County, Iowa, and the vacated alle	
each of the said Blocks, and the vacated street running	
said Blocks, except Lot 10 in said Block 3, and except	
North 66.0 feet of said Vacated Alley in Block 3,	1945 - 1948 - 19
The name of a record owner is	
The name of a record owner is WINTERSET CARE CENTER SOUTH, INC. Products of collateral are also covered WINTERSET CARE CENTER SOUTH, INC. By:	V Heple Presiden
WINTERSET CARE CENTER SOUTH. INC. Signature of Debtor Lowell C. Hell J. Donald E. Hyde. Mirian V	. Hyde. President
WINTERSET CARE CENTER SOUTH. INC. Signature of Debtor	. Hyde. President
WINTERSET CARE CENTER SOUTH. INC. Signature of Debtor 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 (5), (7) and must be identified as such when used.) Acknowledgement (Complete whichever one is applicable).	Hyde President umes (lowa Code 335.2) s covered by UCC 9-402(2), 8-408 and 11105(3)
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WINTERSET CARE CENTER SOUTH. INC. Signature of Debtor Signature of Debtor Demaid E. Ryde. Type or Print all names (Iowa Cole 335.2) Secured party or other appropriate signature may be substituted for debtor(s) signature only in case (5), (7) and must be identified as such when used.) Acknowledgement (Complete whichever one is applicable). STATE OF IOWA. On this	Hyde. President mes (lowa Code 335.2) s covered by UCC 9-402(2), 9-408 and 11105(3) ersigned, a Notary Public in and for the State
WINTERSET CARE CENTER SOUTH. INC. Signature of Debtor Signature of Debtor Domaila E. Ryde Type or Print all names (Iowa gole 335.2) Secured party or other appropriate signature may be substituted for debtor(s) signature only in cases (5), (7) and must be identified as such when used.) Acknowledgement (Complete whichever one is applicable). STATE OF IOWA, On this day of day of A. D. 19 before me, the under the meaning of the identical persons named in and who executed the within and foregoing instrumtors are the meaning of the identical persons named in and who executed the within and foregoing instrumtors.	Hyde. President mes (lowa Code 335.2) s covered by UCC 9-402(2), 8-408 and 11105(3) lersigned, a Notary Public in and for the Statement, and acknowledged that they executed the
WINTERSET CARE CENTER SOUTH, INC. Signature of Debtor Normalia E. Hyde Type or Print all names (lowa code 335.2) Secured party or other appropriate signature may be substituted for debtor(s) signature only in cases (5), (7) and must be identified as such when used.) Acknowledgement (Complete whichever one is applicable). STATE OF IOWA, On this day of day of A. D. 19 before me, the und of Iowa, personally appeared to me known to be the identical persons named in and who executed the within and foregoing instrumsame as their voluntary act and deed.	Hyde President mes (lowa Code 335.2) s covered by UCC 9-402(2), 9-408 and 11105(3) lersigned, a Notary Public in and for the Statement, and acknowledged that they executed the
WINTERSET CARE CENTER SOUTH INC. Signature of Debtor Signature of Debtor Domais E. Ryde	Hyde. President mes (lowa Code 335.2) s covered by UCC 9-402(2), 9-408 and 11105(3) lersigned, a Notary Public in and for the Statement, and acknowledged that they executed the lower than the state of Iowa
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