

Revised - For Filing
See UCC Rec 3-1627
9-14-93

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

Compared

1. Debtor(s) (Last Name First) and address(es) WINTERSET CARE CENTER SOUTH, INC. 712 South 2nd Avenue Winterset, Iowa	2. Secured Party(ies) and address(es) American Federal Savings and Loan Association of Central Iowa n/k/a American Federal Savings and Loan Association of Iowa 601 Grand Avenue Des Moines, Iowa 50309	3. For Filing Officer (Date, Time, Number, and Filing Office) FILED NO. 1275 BOOK <u>3</u> PAGE <u>358</u> UCC Rec. 1988 JAN 21 AM 10:58 MARY E. WELTY RECORDER MADISON COUNTY, IOWA Fee \$15.00
4. This Financing Statement covers the following types (or items) of property: The intent of this financing statement is to cover all 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.		5. Name and address of Assignee

6. Check appropriate box(s). 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 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 refileing of lapsed UCC No. 1136 filed in Madison County, Iowa on December 31, 1979 in Book 2 Page 24.

The name of a record owner is WINTERSET CARE CENTER SOUTH, INC.

7. Products of collateral are covered.

American Federal Savings and Loan Association of Iowa

8. Signature of Debtor _____

Signature of Secured Party Linda J. Righi, Assistant Secretary

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, and must be identified when substituted.

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

1 FILING OFFICER COPY ALPHABETICAL

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)

WINTERSET CARE CENTER SOUTH, INC.
712 South 2nd Avenue
Winterset, Iowa

2 Secured Party(ies) and address(es)

AMERICAN FEDERAL SAVINGS AND
LOAN ASSOCIATION OF CENTRAL
IOWA
6th and Grand
Des Moines, Iowa 50307

3 For Filing Officer (Date, Time, Number, and Filing Office)

421072-09
FILED NO. 1136
BOOK 2 PAGE 24
UCC
1979 DEC 31 PM 3:57

MARY E. WELTY

RECORDED

5 Name of County, State

MADISON COUNTY, IOWA
See 3 &
MICROFILMED

4 This Financing Statement covers the following types (or items) of property:

The intent of this financing statement is to cover all fixtures, furnishings and equipment whether attached or detached necessary to the operation of a 29 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 become 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 of the well or mine 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,

The name of a record owner is WINTERSET CARE CENTER SOUTH, INC.

7 Products of collateral are also covered

8 WINTERSET CARE CENTER SOUTH, INC.

By: Miriam V. Hyde President

Signature of Debtor
By: Donald E. Hyde Secretary

Signature of Debtor
Miriam V. Hyde, President

Type or Print all names (Iowa Code 335.2)

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.

9 Acknowledgement (Complete whichever one is applicable).

STATE OF IOWA, Polk COUNTY, ss:

On this 4 day of August, A. D. 1977, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared

to me known to be the identical persons named in and who executed the within and foregoing instrument, and acknowledged that they executed the same as their voluntary act and deed.

Notary Public in and for the State of Iowa

STATE OF IOWA, Polk COUNTY, ss:

On this 4 day of August, A. D. 1977, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared Miriam V. Hyde

President, to me personally known, who, being by me duly sworn, did say that they are the

respectively, of said corporation executing the within and foregoing instrument, that (no seal has been procured by the said) corporation; that said instrument was signed on behalf of said corporation by authority of its Board of

Directors; and that the said Miriam V. Hyde

as such officers acknowledged the execution of said instrument to be the voluntary act and deed of said corporation, by it and by them voluntarily executed.

Michael G. Kulk Notary Public in and for the State of Iowa

Form Approved (1-1-75) By: MELVIN D. SYNHORST, Secretary of State
3. FILING OFFICER COPY-EVIDENCE OF FILING