

BK: 2023 PG: 267
 Recorded: 2/14/2023 at 11:25:26.0 AM
 Pages 3
 County Recording Fee: \$17.00
 Iowa E-Filing Fee: \$3.00
 Combined Fee: \$20.00
 Revenue Tax:
 BRANDY L. MACUMBER, RECORDER
 Madison County, Iowa

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Merrie Putz 515-343-5883

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

MIDWEST HERITAGE BANK, FSB
 1025 BRADEN AVE, P O BOX 331
 CHARITON, IA 50049

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 KIDDOO	FIRST NAME JEFFRY	MIDDLE NAME RAY	SUFFIX
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1c. MAILING ADDRESS
3210 Fawn Avenue

CITY Lorimor	STATE IA	POSTAL CODE 50149-8027	COUNTRY USA
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1d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Individual	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE
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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 KIDDOO	FIRST NAME PATRICIA	MIDDLE NAME LYNN	SUFFIX
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2c. MAILING ADDRESS
3210 Fawn Avenue

CITY Lorimor	STATE IA	POSTAL CODE 50149-8027	COUNTRY USA
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2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION Individual	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE
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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
MIDWEST HERITAGE BANK, FSB

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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3c. MAILING ADDRESS
1725 JORDAN CREEK PARKWAY

CITY WEST DES MOINES	STATE IA	POSTAL CODE 50266	COUNTRY USA
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4. This FINANCING STATEMENT covers the following collateral:
48* Sukup Grain bin with all accessories including stairs and fan.; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> 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) (optional) [ADDITIONAL FEE]	All Debtors	Debtor 1	Debtor 2		

8. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
KIDDOO	JEFFRY	RAY

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
KIDDOO	CORY	RAY		
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
3233 FAWN AVE.		LORIMOR	IA	50149
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
		Individual		<input checked="" type="checkbox"/> NONE

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

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

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:
SE 1/4 SE 1/4 Except Parcel A & C in Section 2 of Township 74 North, Range 29 West of the 5th P.M., Madison County, Iowa.

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

**JEFFRY KIDDOO REVOCABLE TRUST DATED AUGUST 13, 2020
 3210 FAWN AVENUE
 LORIMOR, IA 50149**

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
- Filed in connection with a Public-Finance Transaction

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME KIDDOO	FIRST NAME JEFFRY	MIDDLE NAME, SUFFIX RAY

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

11a. ORGANIZATION'S NAME					
OR					
11b. INDIVIDUAL'S LAST NAME KIDDOO	FIRST NAME KASIE	MIDDLE NAME SUE	SUFFIX		
11c. MAILING ADDRESS 3233 FAWN AVE.		CITY LORIMOR	STATE IA	POSTAL CODE 50149	COUNTRY USA
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION Individual	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	
<input checked="" type="checkbox"/> NONE					

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

12a. ORGANIZATION'S NAME					
OR					
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:

16. Additional collateral description:

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

JEFFRY KIDDOO REVOCABLE TRUST DATED AUGUST 13, 2020
3210 FAWN AVENUE
LORIMOR, IA 50149

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

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction

Filed in connection with a Public-Finance Transaction