| | | Document | 2005 | 9 2306 | | |
|---|--|--|-----------------------|--------------------------|------------------------|-------------|
| | | Book 2009 | Page 3 0/2009 | 2306 Type 1 Time 12:0 | 7 00 1 34 PM | Pages IN |
| CC FINANCING STATEMENT | | | | | -m | AN SC |
| NAME & PHONE OF CONTACT AT FILER [optional] MELISSA MCWILLIAMS 812-47 | 5-4345 | LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA | | | | |
| SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | | |
| AIG FEDERAL SAVINGS BANK 600 N. ROYAL AVE EVANSVILLE, IN 47715 | | | | | | |
| Po Box 3121 | | THE ABOVE SP | ACE IS FOR | R FILING OFFICE I | JSE ONLY | , |
| DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (1a 1a. ORGANIZATION'S NAME | or 1b) - do not abbreviate or con | nbine names | | | | |
| 16. INDIVIDUAL'S LAST NAME HOENIG | FIRST NAME GREGOR | Y | MIDDLE NA | AME | SUFF | IX |
| MAILING ADDRESS 223 N 4TH ST | CITY WINTERSET | | STATE | POSTAL CODE 502 | 731402 | |
| SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION | 1f. JURISDICTION OF ORGAN | IZATION | | NIZATIONAL ID #, if an | | NONE |
| 26. INDIVIDUAL'S LAST NAME HOENIG MAILING ADDRESS 223 N 4TH ST SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 26. TYPE OF ORGANIZATION DEBTOR | ELIZABE CITY WINTERSET 2f. JURISDICTION OF ORGAN | | A STATE IA 2g. ORGAN | POSTAL CODE | cour 273 1 402 | NTRY |
| SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNO | I DR S/P) - insert only <u>one</u> secured | party name (3a or 3t |)) | | | |
| AIG FEDERAL SAVINGS BANK 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | | MIDDLE NAME | | SUFF | IX |
| mailing address 600 N. ROYAL AVE | EVANSVILLE | | STATE | POSTAL CODE 477 | | NTRY |
| SIDING INSTALLED BY CHAMPION WINDOW AT 223 N 4TH ST THE NORTH 86.25 FEET OF THE WEST LOTS ON THE EAST SIDE OF THE TOW 820002202030000 | HALF (W 1/2) O | F LOT TWO | O (2) O SON CO | F EAST AD OUNTY, IO' | DITIO WA | N OF C |
| | ليا بينا | AILEE/BAILOR 7 | SELLER/BUY | | NON-U | CC FILING |
| This FINANCING STATEMENT is to be filed [for record] (or recorded) in Attach Addendum [if applicable] OPTIONAL FILER REFERENCE DATA | STATE COLORS | 7. Se | | | | |

| | C FINANCING STATE | EMENT ADDENDUM | | | | | | | |
|----------------------------------|---|--|--|-----------------------|---------------|--------------------------|----------------|--|--|
| | | b) ON RELATED FINANCING STATE | MENT | | | | * | | |
| 9. IN | 9a. ORGANIZATION'S NAME | B) ON RELATED FINANCING STATE | WEIGH | | | | | | |
| | | | | | | | | | |
| OR | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | | | | |
| | HOENIG | GREGORY | A | | | | | | |
| 10. I | MISCELLANEOUS: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | PACE IS F | OR FILING OFFICE US | SE ONLY | | |
| 11. | | FULL LEGAL NAME - insert only one n | ame (11a or 11b) - do not abbreviate | or combine names | | | | | |
| | 11a. ORGANIZATION'S NAME | | | | | | | | |
| OR | 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE NAME | | SUFFIX | | |
| | 110. INDIVIDUAL O LAGT NAME | | THO TO THE | | | | | | |
| 11c. | MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY | | |
| | | | | | | | | | |
| 11d. | ADD'L INFO | RE 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGAN | VIZATION | 11g. ORGA | NIZATIONAL ID#, if any | | | |
| | ORGANIZA' DEBTOR | TION | | | | | NONE | | |
| 12. | ADDITIONAL SECURED PA | ARTY'S or ASSIGNOR S/P'S | NAME - insert only one name (12 | a or 12b) | | | | | |
| | 12a. ORGANIZATION'S NAME | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| OR | | | | | | | | | |
| OIN | 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE NAME | | SUFFIX | | |
| 10: | MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY | | |
| 126. | MAILING ADDRESS | | Citt | | SIAIL | FOSTAL CODE | COOM | | |
| | | | | | <u> </u> | | | | |
| 13. | This FINANCING STATEMENT covers | — · · · · · · · · · · · · · · · · · · · | 16. Additional collateral descript | lion: | | | | | |
| | collateral, or is filed as a fixture fili | ng. | | | | | | | |
| 14. | Description of real estate: | | | | | | | | |
| | | | | | | | | | |
| | 820002202030000 | | | | | | | | |
| THE NORTH 86.25 FEET OF THE WEST | | | | | | | | | |
| | | OT TWO (2) OF EAST | | | | | | | |
| | ` / | LOTS ON THE EAST | | | | | | | |
| | SIDE OF THE TOWN | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | MADISON COUNTY | Y, IOWA | | | | | | | |
| | MADISON | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 15. | Name and address of a RECORD OWN (if Debtor does not have a record interest) | | | | | | | | |
| | | | | | | | | | |
| | | | 17. Check only if applicable and | | | | | | |
| | | | Debtor is a Trust or Tru | stee acting with resp | ect to proper | ty held in trust or Dece | edent's Estate | | |
| | | | 18. Check only if applicable and | | | | | | |
| | | | Debtor is a TRANSMITTING | 3 UȚILITY | | | | | |
| | | | Filed in connection with a Public-Finance Transaction — effective 30 years | | | | | | |