			EH EN NO	004623
			The second secon	
JCC FINANCING STATEMENT			B00K200	1 PAGE 4623
OLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER (optional) (515) 22	23-4753		2001 OCT	12 PM 3: 3
MELISSA D. SCHOOLEY  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  EARLHAM SAVINGS BANK	REC \$ AUD \$ _ R.M.F. \$	0 2	P.F.	OUTSLER CORDER COUNTY, 10WA
7300 LAKE DRIVE WEST DES MOINES, IA 50266	R.M.F. \$	1	COMPUT	ER
WEST DES POINES, IA 30200			RECORDI	ED
1	ı		COMPAR	ED
	THE ABOVE S	SPACE IS FO	R FILING OFFICE USI	E ONLY
. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor na 1a. ORGANIZATION'S NAME	ame (1a or 1b) - do not abbreviate or combi	ne names		
OR				1
16. INDIVIDUAL'S LAST NAME WILLIAMS	MARY E.	MIDDLE	NAME	SUFFIX
I WILLIAMS	CITY	STATE	POSTAL CODE	COUNTRY
150 CHESTNUT AVENUE	EARLHAM	ΙA	50072	
d. TAX ID #: SSN OR EIN   ADD'L INFO RE   16, TYPE OF ORGANIZATION   ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if an	у []
48-4860128 DEBTOR . ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only	and debter name (2e or 2h), do not abbre	rioto ar com	nino namas	☐ NONE
2a. ORGANIZATION'S NAME	One debtor hame (2a of 2b) - do not abbrev	nate or com	one names	
OR			•	
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION		POSTAL CODE  ANIZATIONAL ID #, if an	
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  I. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNCE	2f. JURISDICTION OF ORGANIZATION	2g. ORG		y
2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR  1. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNCE ORGANIZATION'S NAME	2f. JURISDICTION OF ORGANIZATION  OR S/P) - insert only one secured party name (3a or 3)	2g. ORG		y
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  I. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNCE	2f. JURISDICTION OF ORGANIZATION  OR S/P) - insert only one secured party name (3a or 3)	2g. ORG	ANIZATIONAL ID #, if an	y
ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  S. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNORM)  38. ORGANIZATION'S NAME  EARLHAM SAVINGS BANK, 7300 LAKE DRIV	2f. JURISDICTION OF ORGANIZATION  OR S/P) - insert only one secured party name (3a or 3)  VE, WEST DES MOINES, TOW	2g. ORG	ANIZATIONAL ID #, if an	y NONE
ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  S. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNORM)  38. ORGANIZATION'S NAME  EARLHAM SAVINGS BANK, 7300 LAKE DRIV	2f. JURISDICTION OF ORGANIZATION  OR S/P) - insert only one secured party name (3a or 3)  VE, WEST DES MOINES, TOW	2g. ORG	ANIZATIONAL ID #, if an	y NONE
2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   28. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR   SAVINGS BANK, 7300 LAKE DRIVE   35. INDIVIDUAL'S LAST NAME    3c. MAILING ADDRESS   7300 LAKE DRIVE   73	2f. JURISDICTION OF ORGANIZATION  DR S/P) - insert only one secured party name (3a or 3)  VE, WEST DES MOINES, IOW  FIRST NAME  CITY  WEST DES MOINES	2g. ORG	NAME POSTAL CODE 50266	SUFFIX COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR  1. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR ORGANIZATION'S NAME  EARLHAM SAVINGS BANK, 7300 LAKE DRIV.  3b. INDIVIDUAL'S LAST NAME	2f. JURISDICTION OF ORGANIZATION  DR S/P) - Insert only one secured party name (3a or 3)  VE, WEST DES MOINES, TOWN  FIRST NAME  CITY  WEST DES MOINES	2g. ORG	NAME POSTAL CODE 50266	SUFFIX COUNTRY
2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOE)  3a. ORGANIZATION'S NAME   EARLHAM SAVINGS BANK, 7300 LAKE DRIVE    3b. INDIVIDUAL'S LAST NAME    3c. MAILING ADDRESS   7300 LAKE DRIVE    4. This FINANCING STATEMENT covers the following collateral:	2f. JURISDICTION OF ORGANIZATION  DR S/P) - Insert only one secured party name (3a or 3)  VE, WEST DES MOINES, TOWN  FIRST NAME  CITY  WEST DES MOINES	2g. ORG	NAME POSTAL CODE 50266	SUFFIX COUNTRY
ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR ORGANIZATION'S NAME  EARLHAM SAVINGS BANK, 7300 LAKE DRIVE  B. This FINANCING STATEMENT covers the following collateral:	2f. JURISDICTION OF ORGANIZATION  DR S/P) - Insert only one secured party name (3a or 3)  VE, WEST DES MOINES, TOWN  FIRST NAME  CITY  WEST DES MOINES	2g. ORG	NAME POSTAL CODE 50266	SUFFIX COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  1. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR ORGANIZATION'S NAME  EARLHAM SAVINGS BANK, 7300 LAKE DRIVE  3b. INDIVIDUAL'S LAST NAME  3c. MAILING ADDRESS  7300 LAKE DRIVE  4. This FINANCING STATEMENT covers the following collateral:	2f. JURISDICTION OF ORGANIZATION  DR S/P) - Insert only one secured party name (3a or 3)  VE, WEST DES MOINES, TOWN  FIRST NAME  CITY  WEST DES MOINES	2g. ORG	NAME POSTAL CODE 50266	SUFFIX COUNTRY
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2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   ORGANIZATION   ORGANIZATION   DEBTOR    3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOE)  3. ORGANIZATION'S NAME   EARLHAM SAVINGS BANK, 7300 LAKE DRIVE    3. INDIVIDUAL'S LAST NAME    4. This FINANCING STATEMENT covers the following collateral:    ALL OF DEBTOR'S FIXTURES NOW EXISTING    5. ALTERNATIVE DESIGNATION [if applicable]:   LESSEE/LESSOR   CO	2f. JURISDICTION OF ORGANIZATION  OR S/P) - insert only one secured party name (3a or 3)  VE, WEST DES MOINES, IOW  FIRST NAME  CITY  WEST DES MOINES  SEXMANANTA AND AND AND AND AND AND AND AND AND AN	2g. ORG A 502 MIDDLE STATE IA	NAME POSTAL CODE 50266	SUFFIX COUNTRY  NON-UCC FILING
2d. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO ASSIGNOR ORGANIZATION'S NAME  EARLHAM SAVINGS BANK, 7300 LAKE DRIVE  3b. INDIVIDUAL'S LAST NAME  3c. MAILING ADDRESS  7300 LAKE DRIVE  4. This FINANCING STATEMENT covers the following collateral:  ALL OF DEBTOR'S FIXTURES NOW EXISTING	2f. JURISDICTION OF ORGANIZATION  OR S/P) - insert only one secured party name (3a or 3)  VE, WEST DES MOINES, IOW  FIRST NAME  CITY  WEST DES MOINES  SEXMANANTA AND AND AND AND AND AND AND AND AND AN	2g. ORG A 502 MIDDLE STATE IA	NAME POSTAL CODE 50266	SUFFIX COUNTRY  NON-UCC FILING
2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   ORGANIZATION   ORGANIZATION   ORGANIZATION   DEBTOR    3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO   Sa. ORGANIZATION'S NAME   EARLHAM SAVINGS BANK, 7300 LAKE DRIVE    3. INDIVIDUAL'S LAST NAME   ORGANIZATION   ORGANIZATION   ORGANIZATION'S NAME    3. INDIVIDUAL'S LAST NAME   ORGANIZATION   ORGANIZATION   ORGANIZATION   ORGANIZATION    3. ORGANIZATION   ORGANIZATION   ORGANIZATION   ORGANIZATION   ORGANIZATION    3. ORGANIZATION    3. ORGANIZATION	2f. JURISDICTION OF ORGANIZATION  OR S/P) - insert only one secured party name (3a or 3)  VE, WEST DES MOINES, IOW  FIRST NAME  CITY  WEST DES MOINES  ***X**X**X**************************	2g. ORG  Sb)  A 502  MIDDLE  STATE  IA  RXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NAME POSTAL CODE 50266	SUFFIX COUNTRY  NON-UCC FILING abtor 1 Debtor 2

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				
_	WILLIAMS	MARY E.					
10.	MISCELLANEOUS:						
			•				
				THE ABOVE	SPACE	IS FOR FILING OFF	SCE LISE ONLY
11.	ADDITIONAL DEBTOR'S EXACT I	FULL LEGAL NAME - insert only	<u>one</u> name (11a or 11b) - do				102 002 01121
	11a. ORGANIZATION'S NAME						
OR	·						
	11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
111	MAII INC. ADDDEGG		<u> </u>				
110	. MAILING ADDRESS		СПҮ		STATE	POSTAL CODE	COUNTRY
114	. TAX ID #: SSN OR EIN   ADD'L INFO R	E 11e. TYPE OF ORGANIZATION	115 (UDICDICTION OF ODG)				
	ORGANIZATIO DEBTOR		11f. JURISDICTION OF ORGA	NIZATION	11g. ORG	iANIZATIONAL ID #, i	. —
12.	ADDITIONAL SECURED PAR	TV'S at ASSICNOR S	D'C NAME to the state of	110			L. NONE
	12a. ORGANIZATION'S NAME	TT 3 or A33IGINON 3/	P'S NAME - insert only one	e name (12a or 12	(0)		
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	1	MIDDLE N	IAME	SUFFIX
12c	. MAILING ADDRESS		CITY		STATE POSTAL CODE		COUNTRY
13.	This FINANCING STATEMENT covers		d 16. Additional collateral descri	iption:			
collateral, or is filed as a 🏋 fixture filing.							
	Description of real estate: T SIX (6) IN BLOCK	TEN (10) OF THE					
OR	TGTNAT TOWN OF FART	HAM, MADISON					
띪	UNTY, IOWA, EXCEPT TH	THE EAST 50 FEET					
ŌF	EROF, AND EXCEPT THE THE WEST 95 FEET TO CEPT THE SOUTH 13 FT	HEREOF, AND					
EX	CEPT THE SOUTH 13 FI FEET OF THE WEST 9:	EET OF THE EAST					
40	LEET OF THE MEST A	6 FEET THEREOF					
15.	Name and address of a RECORD OWNER	of above-described real estate					
	(if Debtor does not have a record interest	): · · · · · · · · · · · · · · · · · · ·					
	RY E. WILLIAMS						
	O CHESTNUT AVENUE		17. Check only if applicable and check only one box.				
ΕA	RLHAM, IA 50072		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			•	s
			Filed in connection with a	Public-Finance Trans	action e	ffective 30 years	