

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)  
 Phone: (800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 9208 WELLS FARGO FIN

CT Lien Solutions 17090756  
 P.O. Box 29071  
 Glendale, CA 91209-9071 IAIA  
 FIXTURE

File with: CC IA Madison, IA

Document 2009 66

Book 2009 Page 66 Type 17 001 Pages 3  
 Date 1/08/2009 Time 2:46 PM  
 Rec Amt \$17.00

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 ANNO  
 SCAN  
 CHEK

LISA SMITH, COUNTY RECORDER  
 MADISON IOWA

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 Baker	FIRST NAME Karolyn	MIDDLE NAME Mae	SUFFIX
1c. MAILING ADDRESS G50 St Charles Hwy	CITY Winterset	STATE IA	POSTAL CODE 50273
COUNTRY USA			
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION
			1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

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 Baker	FIRST NAME Robbie	MIDDLE NAME Dean	SUFFIX
2c. MAILING ADDRESS G50 St Charles Hwy	CITY Winterset	STATE IA	POSTAL CODE 50229
COUNTRY USA			
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
			2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

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  
Wells Fargo Financial Leasing, Inc.

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 800 Walnut St Mac F4031-040	CITY Des Moines	STATE IA	POSTAL CODE 50309
COUNTRY USA			

4. This FINANCING STATEMENT covers the following collateral:

This UCC-1 Financing Statement covers all of Lessee's right, title and interest in and to the following: QUANTITY DESCRIPTION OF GOODS SERIAL NUMBERS (IF KNOWN) 48' X 12' X 52' Morton Building and all existing and future accessions, accessories, attachments, replacements, replacement parts, additions, substitutions and repairs thereto, software programs embedded therein, and all proceeds (cash and non-cash), including the proceeds of all insurance policies, thereof (collectively, the "Goods"). THE CONTRACT UNDER WHICH LESSOR HAS LEASED, RENTED OR OTHERWISE PROVIDED THE GOODS TO LESSEE IS INTENDED TO BE A TRUE LEASE (i.e. A "LEASE" AS DEFINED IN THE UNIFORM COMMERCIAL CODE) AND NOT A SECURED TRANSACTION. THIS FILING IS MADE FOR INFORMATIONAL PURPOSES TO PROVIDE PUBLIC NOTIFICATION OF LESSOR'S OWNERSHIP OF THE GOODS. HOWEVER, IN THE EVENT SUCH CONTRACT IS DEEMED TO BE A SECURED TRANSACTION, THEN IN ACCORDANCE WITH THE CONTRACT, LESSEE SHALL BE DEEMED TO HAVE GRANTED TO LESSOR A FIRST PRIORITY SECURITY INTEREST IN THE GOODS AND THIS FILING SHALL HAVE THE EFFECT OF PERFECTING SUCH SECURITY INTEREST.

5. ALTERNATIVE DESIGNATION (if applicable)  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6.  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)  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

17090756

Michele Combs

007-0113524-001

# 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

Baker

FIRST NAME

Karolyn

MIDDLE NAME, SUFFIX

Mae

## 10. MISCELLANEOUS

17090756-IA-121

9208 WELLS FARGO FIN

File with: CC IA Madison, IA 007-0113524-001

Michele Combs

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## 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

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTION

ADD'L INFO RE ORGANIZATION DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

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.

16. Additional collateral description:

14. Description of real estate:

Description: See Attached Legal Description

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

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 -- effective 30 years

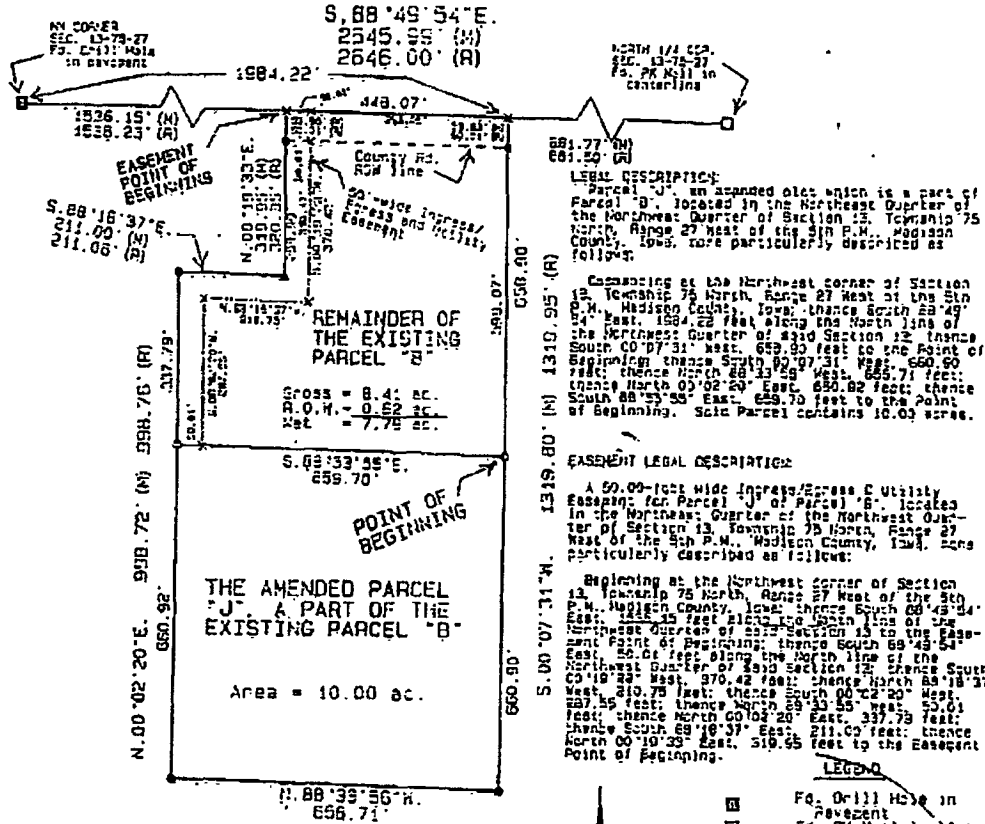
Filed in connection with a Public-Finance Transaction -- effective 30 years



VANCE & HOCHSTETLER, P.C. • CONSULTING ENGINEERS • WINTERSSET, IOWA • 50273

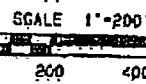
CHARLES T. VANCE • 110 WEST GREEN ST., WINTERSSET, IOWA • (515) 462-3996  
JAMES M. HOCHSTETLER • 110 WEST GREEN ST., WINTERSSET, IOWA • FAX: (515) 452 9345

AN AMENDED PLAT OF SURVEY FOR ROBBIE D. & KAROLYN M. BAKER, LOCATED IN THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 13, TOWNSHIP 75 NORTH, RANGE 27 WEST OF THE 5th P.M., MADISON COUNTY, IOWA. THIS PLAT WAS AMENDED TO REPLACE THE PLAT FILED ON SEPTEMBER 2, 2005 IN BOOK 2005, PAGE 4266 AT THE MADISON COUNTY RECORDER'S OFFICE BECAUSE THE OWNERS CHANGED THE LOCATION OF THEIR FUTURE HOUSE SITE.



- LEGEND**
- Fe. Drill Hole in pavement
  - 2d. PK Nail in slab
  - Fe. Capless Iron Rod (C.I.R.) #2808
  - Fe. C.I.R. #5041
  - Fe. C.I.R. #5808
  - No Monument Set/Found
  - Easement line
  - County Road ROW line
  - (M) Measured Dimension
  - (R) Recorded Dimension

DATE OF SURVEY:  
June 3, 2008



**LICENSURE LAND SURVEYOR**  
 J. M. HOCHSTETLER  
 #2808  
 IOWA

I hereby certify that this surveying document was prepared and the related survey work was performed by me or under my direct personal supervision and that I am a duly licensed Land Surveyor under the laws of the State of Iowa.

*J. M. Hochstetler*  
 J. M. HOCHSTETLER  
 License No. 2808 Date 6/5/08  
 My license renewed on 6/26/09 at 2:20 PM  
 Pages of sheets surveyed by this date