STATE OF MOVAMA
OHEN LO BEEN TO
MICHAEL B. BROWN RECORDER

UCC FINANCING STATEMENT 2014 000483

A. NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800-858-5294
B. E-MAIL CONTACT AT FILER (optional)
SPRFiling@cscinfo.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
- (Name and Nadioss)
93017289 - 348910
Corporation Coming Company
Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703 (/ Filed In: Indiana
Les over Aze (Lake)

,	THE AB	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use ex name will not fit in line 1b, leave all of item 1 blank, check here and and the control of the contro	act, full name; do not omit, modify, or abbreviate provide the Individual Debtor information in item			
1a. ORGANIZATION'S NAME Mathis Farms Inc			17 17 A.	
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 23021 Harrison Street	CITY Lowell	STATE IN	POSTAL CODE 46356	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use examame will not fit in line 2b, leave all of item 2 blank, check here and part of the control of the cont	act, full name; do not omit, modify, or abbreviate provide the Individual Debtor information in item			
2a. ORGANIZATION'S NAME	9711			
20				
OR 2b. INDIVIDUAL'S SURNAME Mathis	FIRST PERSONAL NAME Clifton	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2b. INDIVIDUAL'S SURNAME		I _		SUFFIX COUNTRY USA
25. INDIVIDUAL'S SURNAME Mathis	Clifton CITY Crown Point R SECURED PARTY): Provide only one Secured	Rame STATE IN	POSTAL CODE 46307	COUNTRY
2c. MAILING ADDRESS 1150 Luther Drive Apt 106 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	Clifton CITY Crown Point R SECURED PARTY): Provide only one Secured	Rame STATE IN I Party name (3a or 3t)	POSTAL CODE 46307	COUNTRY

4. COLLATERAL: This financing statement covers the following collateral: 1 / 2014 / ZIMMATIC / 9500 6 Tower / Irrigator / LD4102

This financing statement is filed for precautionary purposes only. The assets described in the collateral description above are owned by the Secured Party and are leased (or are intended to be leased) to the Debtor pursuant to the terms and conditions of the applicable lease documents between the Secured Party (as lessor thereunder) and the Debtor (as lessee thereunder) now in effect or anticipated to be executed by the parties. The Secured Party and the Debtor regard such lease to be a true lease and not a lease intended as security.

	CK# 1416149
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): 📝 Lessee/Lessor 🔲 Consignee/Consignor 🔲 Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 001-0066755-000	93017289

STATE OF INDIANA LAKE FIRE FILE.

2014 NOTE 15 AND 10

MICHAEL B. BROWN

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

FOLLOWINSTRUCTIONS		REC	UKUEK	
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	ement; if line 1b was left blank	1150		
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9a. ORGANIZATION'S NAME				
Mathis Farms Inc				
PB. INDIVIDUAL'S SURNAME				
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
FIRST PERSONAL NAME	j			
ADDITIONAL NAME (CVINITIAL (C)	Louisew			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
			IS FOR FILING OFFICE	
0. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor	name or Debtor name that did not fit in lir	e 1b or 2b of the Financing	Statement (Form UCC1) (use	exact, full nam
do not omit, modify, or abbreviate any part of the Debtor's name) and en				
10a. ORGANIZATION'S NAME [Ramon Mathis] as Truste	ee of Trust No. 24 U/T/D N	1arch 6, 2008		
10b. INDIVIDUAL'S SURNAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
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INDIVIDUAL O ADDITIONAL NAME(O)MITTAL(O)				SUFFIX
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DC. MAILING ADDRESS1150 Luther Drive Apt 106	Crown Point	STATE	POSTAL CODE 46307	COUNTRY
				USA
1. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED PARTY'S	NAME: Provide only one n	ame (11a or 11b)	
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
			., .,	SUFFIX
Ic. MAILING ADDRESS	CITY	STATE	STATE POSTAL CODE	
				COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
E. ADDITIONAL SI AGE FOR FILM 4 (Gollateral).				
) in the 14. This FINANCING STATEME	NT:		
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2014 000483
UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

UCC FINANCING FOLLOW INSTRUCTION:	ICC FINANCING STATEMENT ADDENDUM DLLOW INSTRUCTIONS			MICHAEL B. BROWN RECORDER				
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9a. ORGANIZATION'S N	IAME							
Mathis Farms Ir	nc	······································						
OR 9b. INDIVIDUAL'S SURN	IAME							
FIRST PERSONAL N	NAME							
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10a. ORGANIZATION'S	NAME [Eleanor Mathis] as Tr	ustee of Trus	t No. 25 U/T/D D	ecember 2	2, 200	9		
OR 10b. INDIVIDUAL'S SUR	NAME							
INDIVIDUAL'S FIRS	T PERSONAL NAME							
INDIVIDUAL'S ADD	ITIONAL NAME(S)/INITIAL(S)							SUFFIX
10c. MAILING ADDRESS 11	50 Luther Drive Apt 106	CITY	wn Point		STATE IN	POSTAL C 46307		COUNTRY
11. ADDITIONAL SEC	CURED PARTY'S NAME or	ASSIGNOR SE	CURED PARTY'S N	NAME: Provide o	nly one na	ame (11a or	11b)	
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11b. INDIVIDUAL'S SUR	NAME	FIRST	PERSONAL NAME		ADDITIC	NAL NAME(S	S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS		CITY			STATE	POSTAL C	ODE	COUNTRY
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12 This FINANCING CT	ATTMENT : As he filed for a second (- FINANCING STATEMEN	1-7				
REAL ESTATE RECO			covers timber to be cut	covers as-e	extracted	collateral [is filed as a	fixture filing
(if Debtor does not have a	ECORD OWNER of real estate described in record interest):	16. De	scription of real estate:					

17. MISCELLANEOUS:

20142040483106

STATE OF INDIANA
LAKE
FILL STATE OF IN
LAKE COUNTY
2011 INFILED FOR IRECOM.

MICANAUG-GRANIO: 48

Mail tax bills to: 1150 LUTHER DRIVE, APT. 106 CROWN POINT, IN 46307 PARCEL NO. 45-24-28-200-004-000-007

WARRANTY DEED

THIS INDENTURE WITNESSETH, That PATRICIA J. CLINTON ("Grantor")

of LAKE County in the State of Indiana

CONVEY (S) AND WARRANT (S) TO RAMON MATHIS ("Grantee")

of LAKE County in the State of Indiana

in consideration of One Dollar and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in LAKE County, in the State of Indiana:

A PART OF THE SOUTH 30 ACRES OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 28, TOWNSHIP 32 NORTH, RANGE 8 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER; THENCE NORTH 00 DEGREES 53 MINUTES 39 SECONDS EAST ALONG THE WEST LINE OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER A DISTANCE OF 810.50 FEET; THENCE SOUTH 88 DEGREES 57 MINUTES 17 SECONDS EAST PARALLEL WITH THE SOUTH LINE OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER A DISTANCE OF 537.70 FEET; THENCE NORTH 00 DEGREES 53 MINUTES 39 SECONDS EAST PARALLEL WITH THE WEST LINE OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER A DISTANCE OF 176.00 FEET TO THE NORTH LINE OF THE SOUTH 30 ACRES OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER; THENCE SOUTH 88 DEGREES 57 MINUTES 17 SECONDS EAST ALONG SAID NORTH LINE A DISTANCE OF 537.69 FEET TO A POINT 250.00 FEET WEST OF THE EAST LINE OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER; THENCE SOUTH 00 DEGREES 54 MINUTES 47 SECONDS WEST PARALLEL WITH THE EAST LINE OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER A DISTANCE OF 986.50 FEET TO THE SOUTH LINE OF SAID SOUTHWEST QUARTER OF THE NORTHEAST QUARTER; THENCE NORTH 88 DEGREES 57 MINUTES 17 SECONDS WEST ALONG SAID SOUTH LINE A DISTANCE OF 1075.07 FEET TO THE PLACE OF BEGINNING.

COMMONLY KNOWN AS: 23121 HARRISON, LOWELL, IN 46356 GRANTEES ADDRESS: 1150 LUTHER DRIVE, APT. 106, CROWN POINT, IN 46307

Subject to: Taxes for 2013 and subsequent years, building lines, covenants and restrictions.

Dated this 31ST day of July, 2014.

NORTHWEST INDIANA TITLE 162 WASHINGTON STREET LOWELL, IN 46556

219-696-0100

State of Indiana County of Lake SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 31ST day of July, 2014, personally appeared: PATRICIA J. CLINTON and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires:

PATRICIA J. CLINTON

Resident of Lake County

COLETTE G WILSON
Notary Public, State of Indiana
Lake County
My Commission Expires
December 20, 2018

COLETTE G WILSON
Colette G. Wilson, Notary Public
Colette G. Wi

I affirm under the penalties for perjury that I have taken reasonable care to redact each social security number in this document unless required by law.

STATE OF DELANA

DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financia do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME Mathis INDIVIDUAL'S FIRST PERSONAL NAME Eleanor INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) K. MAILING ADDRESS1150 Luther Drive Apt 106 CITY Crown Point ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one 11a. ORGANIZATION'S NAME	and the second	
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(if Debtor does not have a record interest):	cted collateral is filed as a	a fixture filing
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MISCELLANEOUS:		

UCC FINANCING STATEMENT ADDENDUM