

STATE OF INDIANA  
LAKE COUNTY  
FILED  
2014 NOV 11 AM 10:51  
MICHAEL B. BROWN  
RECORDER

2014 000483

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

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)  93017289 - 348910 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703  <i>See over page</i> -Filed In: Indiana (Lake)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME Mathis Farms Inc				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	23021 Harrison Street	CITY Lowell	STATE IN	POSTAL CODE 46356
			COUNTRY USA	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	1150 Luther Drive Apt 106	CITY Crown Point	STATE IN	POSTAL CODE 46307
			COUNTRY USA	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME FARM CREDIT LEASING SERVICES CORPORATION				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	600 HWY 169 S, SUITE #300	CITY MINNEAPOLIS	STATE MN	POSTAL CODE 55426
			COUNTRY USA	

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 <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input checked="" type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: 001-0066755-000	

93017289

STATE OF INDIANA  
LAKE COUNTY  
FILE

2014 NOV 11 AM 10:47

MICHAEL B. BROWN  
RECORDER

2014 000483

**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME Mathis Farms Inc	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. 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 Financing Statement (Form UCC1) (use exact, full name; 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 [Ramon Mathis] as Trustee of Trust No. 24 U/T/D March 6, 2008				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1150 Luther Drive Apt 106	Crown Point	IN	46307	USA

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:  
 covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

2014 000483

2014 NOV 14 10:03:07

MICHAEL B. BROWNE  
 RECORDER

**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

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OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10a. ORGANIZATION'S NAME [Eleanor Mathis] as Trustee of Trust No. 25 U/T/D December 22, 2009				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1150 Luther Drive Apt 106	Crown Point	IN	46307	USA

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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 covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

STATE OF INDIANA  
LAKE COUNTY  
2014 AUG 6 FILED FOR RECORD

2014 0000483  
2014 047106

2014 AUG -6 10:48  
MICHAEL B. BROWN  
RECORDER

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 31<sup>ST</sup> day of July, 2014.

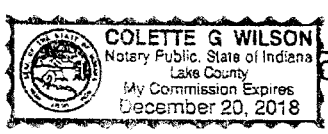
*Patricia J. Clinton*  
\_\_\_\_\_  
PATRICIA J. CLINTON

NORTHWEST INDIANA TITLE  
182 WASHINGTON STREET  
LOWELL, IN 46356  
219-896-0100

**State of Indiana County of Lake SS:**

Before me, the undersigned, a Notary Public in and for said County and State, this 31<sup>ST</sup> 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:  
Resident of Lake County



*Colette G. Wilson*  
\_\_\_\_\_  
Colette G. Wilson, Notary Public

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 INDIANA  
LAKERSVILLE  
FILED

2014 APR 14 10:17 AM

MICHAEL B. BROWN  
RECORDER

### UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

2014 000483

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OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10a. ORGANIZATION'S NAME	
OR	
10b. INDIVIDUAL'S SURNAME Mathis	
INDIVIDUAL'S FIRST PERSONAL NAME Eleanor	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) K.	SUFFIX

10c. MAILING ADDRESS	1150 Luther Drive Apt 106	CITY Crown Point	STATE IN	POSTAL CODE 46307	COUNTRY USA
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11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

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14. This FINANCING STATEMENT:  
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15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  
Ramon Mathis

16. Description of real estate:  
See attached.

17. MISCELLANEOUS: