DELAWARE COUNTY IOWA
FILED
2003 SP -4 PM 2:3
BOOK 2003 PAGE 433A
DEBORAH L. FRAYN
DELAWARE CO. AUDITOR
24.00

Carr & Carr Attorneys 117 S. Franklin St. PO Box 333 Manchester, IA 52057 (563) 927-4164

AMENDED AFFIDAVIT

STATE OF IOWA)
) ss.
DELAWARE COUNTY)

I, John M. Carr, Attorney for Farmers & Merchants Savings Bank, after being duly sworn on oath, depose and state for Amendment to Affidavit filed February 12, 2003 in Book 2003, Page 659 as follows:

That the alternative nonjudicial voluntary foreclosure procedure pursuant to Iowa Section 654.18 has been followed as to the following described real estate:

> The East one hundred nineteen (119.0) feet of Lot Nineteen (19) except the North sixty eight (68.0) feet thereof, of the Subdivision of part of the North one-half (N1/2) of the Southeast Quarter (SE1/4) and the South one-half (S1/2) of the Northeast Quarter (NE1/4) of Section Twenty Nine (29), Township Eighty Nine (89) North, Range Five (5), West of the Fifth P.M., according to plat recorded in Book A Plats, Page 6

Thirty days have now passed since notices were sent by certified mail to all junior lienholders informing them that the alternative nonjudicial voluntary foreclosure procedure was elected and that they had 30 days from the date of mailing of said notice to exercise any rights of redemption.

All certified mail receipts were received and no junior lienholder has elected to exercise any rights of redemption. Copies of same are attached hereto.

At this time the alternative nonjudicial voluntary foreclosure procedure has been completed and merchantable title is in the name of Farmers & Merchants Savings Bank pursuant to Warranty Deed dated December 3 and December 19, 2002 from former mortgagors and titleholders Shawn D. Downs and Kara J. Downs.

John M. Carr 15481
Attorney at Law
117 S. Franklin St., Box 333
Manchester, IA 52057
Telephone: (319) 927-4164
Fax: (319) 927-5654

Subscribed and sworn to before me by John M. Carr this 3rd day of September, 2003.

Diane M Uhlenkamp
Notary Public in and for the State of Iowa

NOTARIAL SEAL IOWA
DIANE M. UHLENKAMP
COMMISSION NO. 713679
MY COMMISSION EXPIRES
11-19-04

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Winthrop Building Supply
844 220th St.
Winthrop, IA 50682

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* James A Houlihan | C. Date of Delivery 1-7-3

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7002 0860 0007 1933 8631

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-15

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United Building Centers
1001 E. Main St.
Manchester, IA 52057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery 1-7-03

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7002 0860 0007 1933 8648

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-15

TO THE RIGHT

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Manchester
208 E. Main St.
Manchester, IA 52057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery 1-7-03

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7002 0860 0007 1933 8624

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-15

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marcia Downs
1688 Otterville Blvd.
Independence, IA 50644

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*: N. Downs
C. Date of Deliver: 1-13-03

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

815 1st Av NE
Independence, IA
50644

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandis
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 0098 EE6T 2000 0980 2002

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-15

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fill & Fly
1413 N. Franklin St.
Manchester, IA 52057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)*
C. Date of Deliver: 1-7-03

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7002 0860 0007 1933 8617

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-15