DELAWARE COUNTY IOWA
FILED
2004 AP 27 AM 10: 4
BOOK 2004 PAGE 1403
DEBORAH L. PEYTON
DELAWARE CO. RECORDER
31.00

Return to:
Francis Wm. Henkels 1400 University Ave. Dubuque, IA (563) 557-1611

AFFIDAVIT

Re: 3066 305th Street, Hopkinton, Iowa and legally described as the East 320 feet of the West 988 feet of the North 285 feet of the NW¼ of the SE¼ of Section 16, Township 87 North, Range 3 West of the Fifth P.M.

STATE OF IOWA)
) ss.
DUBUQUE COUNTY)

I, Francis Wm. Henkels, being first duly sworn on oath, states as follows:

1. That I represented Thomas E. Rave and Amy S. Rave in a bankruptcy matter which voluntary petition for relief under Chapter 7 was filed on or about the 21st day of October, 2002 as Case #02-09179 in the Northern District of Iowa.

2. That an adversary proceeding was filed in the above bankruptcy wherein an Order was entered finding the Mortgage to Mac Tools Division of the Stanley Works dated June 1, 2002, filed June 5, 2001 in Book 2001 on page 1888 of the records null and void.

3. That attached hereto is a Demand for Default confirming service on the proper parties in the adversary proceeding.

4. That this Affidavit is based upon our personal information and belief.

Dated this 31st day of December, 2003.

Francis Wm. Henkels

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the State of Iowa, this 31st day of Dec., 2003.

Kathy A. Bartels
Notary Public

NOTARIAL SEAL IOWA
KATHY A. BARTELS
Commission Number 130523
My Comm. Exp. 11-2-04

FILED
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF IOWA

APR 03 2003

SEAN F. McAVOY
CLERK

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF IOWA

IN RE:	)	
	)	CHAPTER 7
THOMAS E. RAVE and	)	
AMY S. RAVE,	)	BANKRUPTCY NO. 02-3694 C
	)	
Debtors.	)	
THOMAS E. RAVE and	)	
AMY S. RAVE,	)	
	)	ADVERSARY NO. 02-09179C
Plaintiffs,	)	
	)	
vs.	)	
	)	
MAC TOOLS DIVISION	)	
OF THE STANLEY WORKS,	)	
	)	
Defendant.	)	

DEMAND FOR DEFAULT AND ENTRY OF ORDER

Comes Now Debtors, Thomas E. Rave and Amy S. Rave, and states to the Court as follows:

(1) That the Debtors filed a Complaint to Determine Enforceability of Mortgage and Exempt Status of Agricultural Homestead on December 18, 2002.

(2) That Debtors mailed the Summons and Notice and the above Complaint on the following parties by certified mail, return receipt, postage prepaid, by depositing same on the 26th day of December, 2002 in a United States Post Office mail depository in Dubuque, Dubuque County, Iowa:

Mac Tools Division of the Stanley Works
4635 Hilton Corporate Drive
Columbus, OH 43232

CT Corporation Systems (Registered Agent for Mac Tools)
2222 Grand Avenue
Des Moines, IA 50312

Stanley Works dba Mac Tools
1000 Stanley Drive
New Britain, CT 06053

The return receipts for the above parties have been received by the above parties and the return receipts attached hereto.

(3) The Summons and Notice and above Complaint was also served by regular mail, postage prepaid, by depositing same on the 26th day of December, 2002 in a United States Post Office mail depository in Dubuque, Dubuque County, Iowa, to the following parties:

United States Trustee's Office
Law Building, Ste. 400
225 Second Street, S.E.
Cedar Rapids, IA 52401

Wesley B. Huisinga
115 Third Street, SE, Ste. 500
P.O. Box 2107
Cedar Rapids, IA 52406-2107

(4) That no Defendant has served or filed an Answer in response to Plaintiff's Complaint within the time period required following service upon said Defendant, and said Defendant is now in default.

(5) That Plaintiffs are entitled to a default judgment and an Order finding said Mac Tools Division of the Stanley Works' mortgage unenforceable, null and void.

THOMAS E. RAVE AND AMY S. RAVE,

By _____

Francis Wm. Henkels
ROTH & HENKELS
1400 University Ave., Suite D.
Dubuque, IA 52001
Tel: (563) 557-1611
Fax: (563) 557-9775
Bankruptcy Code 2305
Attorney for Thomas E. Rave
and Amy S. Rave

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:
MaC Tools Division of Stanley Works
4635 Hilton Corporate Drive
Columbus, OH 43232

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
12-30-02

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

COLUMBUS EAST STA DEC 30 2002 USPS 43232

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 0403 0830

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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:
Stanley Works d/b/s
MaC Tools
1000 Stanley Drive
New Britain, CT 06053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

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 0403 0847

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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:
CT Corporation System
2222 Grand Avenue
Des Moines, IA 50312

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery
12/30/02

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 0403 0854

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509