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Date 1/07/2010 Time 9:22:58AM
Rec Amt $9.00

DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

Document prepared by Michelle Stelken
Address: 1402 WHITE ST
Telephone: 563.585.3737

ENV. When recorded return to:
Alliant Credit Union
1200 Associates Drive Ste 102
Dubuque, IA 52002

Loan # 90029000-2
PIN/TAX ID #:
Property Address: 18011 224TH ST
MANCHESTER, IA 52057

MORTGAGE RELEASE, SATISFACTION, AND DISCHARGE

IN CONSIDERATION of the payment in full and satisfaction of all indebtedness secured by that certain Mortgage described below, Health Services Credit Union, now known as Alliant Credit Union, whose address is 1200 Associates Drive, Dubuque IA 52002, being the present legal owner of said indebtedness and thereby entitled and authorized to receive said payment, does hereby release, satisfy, and discharge said Mortgage in full and does hereby consent that the same be cancelled and discharged of record.

Original Mortgagor(s):	DONALD A FINN AND JENNIFER J. FINN, HUSBAND & WIFE
Original Mortgagee:	Alliant Credit Union
Loan Amount:	19000.00
Date of Mortgage:	JUNE 9, 2008
File Number:	2008 3561
Date Recorded:	NOVEMBER 20, 2008

and recorded in the official records of **DELAWARE,** County, State of **IOWA** affecting Real Property and more particularly described on said Mortgage referred to herein.

ALLIANT CREDIT UNION

By _____
MICHELLE STELKEN, BRANCH MANAGER

STATE OF IOWA
COUNTY OF DUBUQUE

On this date of DECEMBER 28,2009, before me, the undersigned, a Notary Public in and for the aforementioned County and State, personally appeared MICHELLE STELKEN to me personally know who, being by me duly sworn, did say the he/she is BRANCH MANAGER of Alliant Credit Union. No seal has been procured by said corporation, and that said instrument was signed on behalf of said corporation by authority of its Board of Directors, and such officer acknowledged the execution of said instrument to be the voluntary act and deed of said corporation, by it, and, each of them, voluntarily executed.

In Witness Whereof, I have hereunto signed my name and affixed my Notarial Seal the day and year last above written.

_____
Notary Public in and for said County and State
My Commission Expires:

PAMELA M. KREIG
Commission Number 750824
My Comm. Exp. 1-23-20