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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

EW

Prepared by/return to: Shirley Manternach, Farm Service Agency, 200 S 12th St, Manchester, IA 52057 (563)927-4250
This form is available electronically.

Form Approved - OMB No. 0560-0204

CCC-297
(08-18-04)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

SEVERANCE AGREEMENT

See Page 2 for Privacy Act and Public Burden Statements.

WHEREAS, *(a)* James Joseph Lechtenberg and *(b)* Deborah Dower Lechtenberg, of *(c)* 1165 110th Ave., Dundee, IA 52038, County of *(d)* Delaware, State of *(e)* Iowa, (herein called Debtors), have applied tothe Commodity Credit Corporation (herein called the Secured Party), for a loan and have agreed to give the Secured Party a security interest in the following-described fixture(s) *(f)*:

A 33" Sukup storage bin, 6' inside ladder, stairs, platform, 6 vents, Hawk Cut floor, Superwave supports, 8" sweepway, 24" 5-7hp fan, 7.5 1ph motor, electric spreader, cement, electrical, remodeling of a 27' bin Hawk floor, super supports, 8" sweepway, 5hp 1hp motor, 5 vents, and all other attachments.

which fixture(s) is (are) affixed to the following-described real estate: (Add legal description) *(g)*

Southeast Quarter (SE1/4), East Quarter (E1/4) of the Southwest Fractional Quarter (SW FR1/4), East 20 acres of the South 40 acres of the East 91.73 acres of the Northwest Quarter (NW1/4): all in Section Seven (7), Township Ninety (90) North, Range Six (6), West of the Fifth P.M. (containing 220 acres more or less).

NOW, THEREFORE, in consideration of the making or insuring of such loan by the Secured Party, the undersigned parties hereby (1) consent that the Debtors may grant to the Secured Party a security interest in said fixture(s) under the Uniform Commercial Code, (2) consent to the installation of said equipment and agree said equipment shall be and remain severed from the real property described above, and (3) agree that upon default of Debtors the Secured Party may (a) take possession of and remove said fixture(s) without notice to the undersigned parties and without liability to them for any diminution of value of the real estate caused by the absence of the fixture(s) or by any necessity for replacing the fixture(s), and (b) enforce its security interest against said fixture(s) as personalty.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

IN WITNESS WHEREOF, the undersigned parties hereto have executed this instrument this *(h)* 12th day of *(i)* August, *(j)* 2014 *(year)*.

if a corporation: Citizens State Bank
P.O. Box 4
Strawberry Point, IA 52076-0004

Citizens State Bank
*(k) Name of Corporate (Mortgagee) (Owner) **

*(n) Individual (Mortgagee) (Owner) **

By Douglas R. Piper
(l) Duly Authorized Officer

*(o) Individual (Mortgagee) (Owner) **

Douglas R. Piper, Vice President
(m) Title

CORPORATE SEAL

"Mortgagee" includes holder of any type of real estate lien.

*Delete "Mortgagee" or "Owner."

(p) **STATE OF** Iowa }
(q) **COUNTY OF** Clayton } *ss.* **ACKNOWLEDGMENT:**

On this *(r)* 12th day of *(s)* August in the year *(t)* 2014, before me, the undersigned, a Notary Public in and for said State, personally appeared *(u)* Douglas R. Piper, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is ~~(are)~~ subscribed to the within instrument and acknowledged to me that he/~~she~~ executed the same in his/~~her/their~~ capacity ~~(ies)~~, and that by his/~~her/their~~ signature(s) on the instrument, the individual(s) or the person on behalf of which the individual(s) acted, execute the instrument.

(SEAL) Abbie L. Thompson
(v) Notary Public

ABBIE L. THOMPSON
Commission Number 720897
MY COMMISSION EXPIRES
2-13-2015

My commission expires *(w)* 02-13-2015
(MM-DD-YYYY)

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 1436 and the Commodity Credit Corporation Charter Act, 5 USC 714 et. seq. The information will be used to determine eligibility for CCC financing for farm, storage and drying equipment. Furnishing the requested information is voluntary; however, without it CCC financing under the program cannot be provided. Failure to furnish the requested information will result in denial of CCC financing under this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.*

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0204. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. ***RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***