This STATEMENT is presented to THE FILING OFFICER for filing for record in real estate records:

1. Debtor(s) (Last Name First) and address(es)	2. Secured Party(ies) and address(es)	3. For Filing Officer (Date, Time, Number, and Filing Office)
WEEKS, SAM WEEKS DORIS RR MACKSBURG, IOWA 50155	AgriStor Credit Corporation P. O. Box 1243 Milwaukee, WI 53201	697 FILED NO. BOOK 1 PAGE 323 UCC - R. E. 1977 OCT -7 AM 11:02 E.R. MARY E. WELTY RECORDER no fee MADISON COUNTY, IOWA

4. Check one only:

☒ Original financing statement real estate record number 495 Book 1 Page 170 UCC-RE

☐ Pre-1975 fixture filing county UCC number .....

..... Record owner of the real estate: SAM & DORIS WEEKS

..... Date filed: SEPT. 15 1976 Filed with MADISON CO.

5. Check only one:

A. ☐ **CONTINUATION** ..... The original financing statement between the foregoing Debtor and Secured party, bearing the file number shown above, is still effective.

B. ☐ **PARTIAL RELEASE** ..... The secured party releases the property indicated below from the collateral described in the financing statement bearing the file number shown above.

C. ☐ **ASSIGNMENT** ..... Except to the extent otherwise specified below, the secured party certifies that the assignee, whose name and address is shown below, has been assigned all the Secured Party's rights under the financing statement bearing the file number shown above.

D. ☒ **TERMINATION** ..... The Secured Party certifies that a security interest no longer is claimed under the financing statement bearing the file number shown above.

E. ☐ **AMENDMENT** ..... The financing statement bearing the file number shown above is changed to show: Name, identity, corporate structure, or address of Secured Party as indicated below ☐; Name, identity, corporate structure, or address of Debtor Party as indicated below ☐; Other, as indicated below ☐.

6. **CHANGES:**

7. Debtor Signature(s) necessary only if filing an amendment:

_____ (Debtor)

_____ (Debtor)

Type or Print all names (Iowa Code 335.2)

8.

AGRISTOR CREDIT CORPORATION

By _____
Signature of Secured Party (See instruction #2)

Wilfred D. Wilke Secured Party

Type or Print all names (Iowa Code 335.2)

Date 10/5 WILFRED D. WILKE, 19 77

Form Approved (7-1-76) By: MELVIN D. SYNHORST, Secretary of State
1. FILING OFFICER COPY—ALPHABETICAL