

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) South Madison Health Care, Corp. 714 - 14th Avenue, North Fort Dodge, Iowa 50501	2. Secured Party(ies) and address(es) Miriam V. Hyde 1105 West 12th Street, South Newton, Iowa 50208 MTD ✓ SEC. ✓ PAGE ✓	3. For Filing Officer (Date, Time, Number, / and Filing Office) 1423 BOOK <u>3</u> PAGE <u>524</u> Ucc Rec. 91 JAN 16 AM 10:34 MICHELLE UTSLER RECORDER MADISON COUNTY, IOWA
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COMPARED

4. Check one only:
 Original financing statement real estate record number 1159 in Book 2, Page 221 Fee \$10.00
 Pre-1975 fixture filing county UCC number
 Record owner of the real estate: Winterset Care Center South, Inc.
 Dated filed: February 10, 19 81 Filed with Madison County Recorder

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; by signing Debtor also acknowledges receipt of a copy of this instrument.

 (Debtor)

 (Debtor)

By Miriam V. Machovec
 Signature of Secured Party (See instruction #2)

Miriam V. Machovec f/k/a Miriam V. Hyde Secured Party
 Type or Print all names (Iowa Code 335.2)

Date _____, 19____

Form Approved: (1-2-87) by: ELAINE BAXTER, Secretary of State