

**BK: 2019 PG: 2571**  
**Recorded: 8/19/2019 at 2:44:48.0 PM**  
**Pages 2**  
**County Recording Fee: \$12.00**  
**Iowa E-Filing Fee: \$3.00**  
**Combined Fee: \$15.00**  
**Revenue Tax:**  
**LISA SMITH RECORDER**  
**Madison County, Iowa**

WINTERSET WEST ADDN BLK 19 LOT 3



**RELEASE OF REAL ESTATE MORTGAGE**

THE IOWA STATE BAR ASSOCIATION  
Official Form No. 129  
**Recorder's Cover Sheet**

**Preparer Information:** (Name, address and phone number)

Mitchell L. Taylor, 420 N. Roosevelt Ave., Ste. 110, Burlington, Iowa 52601  
Phone: (319) 752-4537

**Taxpayer Information:** (Name and complete address)

Kim E. Day, 718 West Washington, Winterset, IA 50273

**Return Document To:** (Name and complete address)

Mitchell L. Taylor, 420 N. Roosevelt Ave., Ste. 110, Burlington, IA 52601

**Grantors:**

Kim E. Day

**Grantees:**

Mental Health Associates, P.C., Profit  
Sharing Plan

**Legal description:**

**Document or instrument number of previously recorded documents:**

Book 2009, Page 1143



RELEASE OF REAL ESTATE MORTGAGE

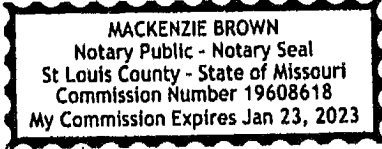
The undersigned, the present owner(s) of the mortgage hereinafter described, do hereby acknowledge that a certain mortgage bearing date of March 31, 2009, made and executed by Kim E. Day to Mental Health Associates, P.C., Profit Sharing Plan and Recorded in the records of the office of the Recorder of the County of Madison State of Iowa, recorded as document reference number Book 2009, Page 1143 on April 17, 2009, is redeemed, paid off, satisfied and discharged in full.

Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine, feminine or neuter gender, according to the context. Dated \_\_\_\_\_.

NOTE: For partial release of real estate mortgage, see Form No.130

[Handwritten signature of Edwin Wolfgram]
Edwin Wolfgram
Mental Health Associates, P.C.,
Profit Sharing Plan

STATE OF MISSOURI, COUNTY OF ST. LOUIS COUNTY
This record was acknowledged before me on July 31st, 2019, by Edwin Wolfgram, M.D. for Mental Health Associates, P.C., Profit Sharing Plan



[Handwritten signature of Mackenzie Brown]
Signature of Notary Public

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_
This record was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_

Signature of Notary Public