FILING, PLEASE RETURN TO:
FIRST IOWA COMMUNITY CREDIT UNION
2051 Westown Parkway
West Des Moines, IA 50265

REC \$ 500 AUD \$ \_\_\_\_\_ R.M.E. \$ 100 COMPUTER V

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COMPARED C

BOOK 220 PAGE 855

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Prepared by and return to: (Name, Address and Phone No.)

FAINO 125 TELIOWA BANKERS Jown Bankers Agree after 1000/91/91/10/23

Marilyn Browne

MICKI UTSLER
224-4300 RECORDER
MADISON COUNTY, IOWA

FILED NO.

RELEASE OF REAL ESTATE MORTGAGE The undersigned, the present owner(s) of the mortgage hereinafter described, do acknowledge that a certain mortgage bearing date of the 24th day of September \_, A.D. <u>1999</u> , made and executed by Richard C. Thornburg and Kathy Jo Thornburg to FIRST IOWA COMMUNITY CREDIT UNION and Recorded in the records , State of Iowa, Book<u>212</u> of<u>Mortgages</u> page of the County of\_ MADISON A.D. 1999\_, is hereby released. 28th day of September . 2000 COMMUNITY CREDIT Dated this 21st day of September Beverly J. Countryman, CORPORATE POLK IOWA COUNTY, ss: STATE OF\_ On this <u>21st</u> day of <u>September</u>, A.D. <u>2000</u>, before me, the undersigned, a Notary Public in and for said County and State, personally appeared <u>Perry J. Caligiuri and Beverly J. Countryman</u> to me personally known, who being by me duly sworn, did say that they are the President respectively, of said corporation; that (no seal has been procured by the said) and Vice-President (the seal affixed thereto is the seal of said) corporation; that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors; and that the said

Perry J. Caligiuri corporation by authority of its Board of Directors; and that the said\_\_\_\_ as such officers, acknowledged the execution of said instrument to be and Beverly J. Countryman the voluntary act and deed of said corporation, by it and by them voluntarily executed. Polk County Browne. in and for Said State o'clock , A.D. 19\_ Filed for record this\_ \_day of\_ M., and recorded in Book\_\_\_\_ \_on page\_ \_Paid FEE, \$\_ WHEN RECORDED PLEASE RETURN TO: ADDRESS NAME