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FILED NO. 004545
 BOOK 2001 PAGE 4545

COMPUTER 2001 OCT -9 PM 4: 59

RECORDED
 COMPARED


HICKI UTSLER
 RECORDER
 MADISON COUNTY, IOWA

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)



Capitol Lien Records & Research, Inc.
 1010 N Dale St.
 St. Paul, MN 55117

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME Smith	FIRST NAME Virgil	MIDDLE NAME Norman	SUFFIX
1c. MAILING ADDRESS 3122 Valleyview Trail		CITY Prole	STATE POSTAL CODE COUNTRY IA 50229
1d. TAX ID #: SSN OR EIN * [REDACTED]	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Individual	1f. JURISDICTION OF ORGANIZATION Iowa
			1g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME Smith	FIRST NAME Marilyn	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 3122 Valleyview Trail		CITY Prole	STATE POSTAL CODE COUNTRY IA 50229
2d. TAX ID #: SSN OR EIN * [REDACTED]	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION Individual	2f. JURISDICTION OF ORGANIZATION Iowa
			2g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
First Trust National Association

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 180 East 5th Street, 2nd floor		CITY St. Paul	STATE POSTAL CODE COUNTRY MN 55101

4. This FINANCING STATEMENT covers the following collateral:

"This financing statement is signed by the secured party only and covers the collateral in which a perfected security interest was previously secured by financing statement number 544 Bk 3 Pg 744 which lapsed on 8/26/96. The collateral is: See Attached

5. ALTERNATIVE DESIGNATION (if applicable):		<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (if applicable) [ADDITIONAL FEE] (optional)		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA Madison County, IA							

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

* An Individual's social security number is not required to be placed on the form in Wisconsin (See Instructions)

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
	Smith	Virgil
		MIDDLE NAME, SUFFIX
		Norman

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME			
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX
11c. MAILING ADDRESS		CITY	STATE
			POSTAL CODE
			COUNTRY
11d. TAX ID #: SSN OR EIN *	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
			11g. ORGANIZATIONAL ID #, if any
			<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME			
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX
12c. MAILING ADDRESS		CITY	STATE
			POSTAL CODE
			COUNTRY

13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:
See Attached

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check only if applicable and check only one box.

Debtor is a TRANSMITTING UTILITY

Filed in connection with a Manufactured-Home Transaction — effective 30 years

Filed in connection with a Public-Finance Transaction — effective 30 years

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

* An Individual's social security number is not required to be placed on the form in Wisconsin (See Instructions)

1 Debtor(s), (Last Name First) and address(es)

SMITH, VIRGIL NORMAN
SMITH, MARILYN E.

3122 VALLEYVIEW TRAIL
PROLE, IA 50229

2 Secured Party(ies) and address(es)

BRENTON BANK
400 LOCUST STE 200, PO BOX 891
DES MOINES, IA 50304

3 For Filing Officer (Date, Time, Number, and Filing Office)

FILED NO. 544
Ucc Rec
BOOK 3 PAGE 744
96 AUG 26 PM 2:22

MICHELLE UTSLER
RECORDER
MADISON COUNTY, IOWA

4 This Financing Statement covers the following types or items of property:

The Collateral shall consist of all of the following described property and Debtor's rights, title and interest in such property whether now or hereafter existing or now owned or hereafter acquired by Debtor and wheresoever located:

All fixtures, including, but not limited to, the fixtures located or to be located on the real property described herein;

5 Name and Address of Assignee

WESTERN FARM CREDIT BANK
P.O. BOX 15558
SACRAMENTO, CA 95852-0558

All monies or instruments pertaining to the Collateral described above; All accessions, accessories, additions, amendments, attachments, modifications, replacements and substitutions to any of the above; All proceeds and products of any of the above; All policies of insurance pertaining to any of the above as well as any proceeds and unearned premiums pertaining to such policies; and All books and records pertaining to any of the above.

6 Check appropriate box(es). The above goods are or are to become fixtures on The above timber is standing on The above minerals or the like (including oil and gas) or mineral accounts will be financed at the wellhead or minehead located on (Describe real estate below. See instruction #4):

THE SOUTH HALF (S1/2) OF THE NORTHWEST QUARTER (NW1/4) OF SECTION TWENTY-SEVEN (27) IN TOWNSHIP SEVENTY-SIX (76) NORTH, RANGE TWENTY-SIX (26) WEST OF THE 5TH P.M., MADISON COUNTY, IOWA EXCEPT THE NORTH 361.50 FEET OF THE WEST 361.50 FEET OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 27, TOWNSHIP 76 NORTH, RANGE 26 WEST OF THE 5TH P.M., MADISON COUNTY, IOWA CONTAINING 3.00 ACRES MORE OR LESS.

The name of a record owner is VIRGIL NORMAN SMITH AND MARILYN E. SMITH

7 Products of collateral are covered.

Debtor(s) acknowledge(s) receipt of a copy of this instrument.

VIRGIL NORMAN SMITH
MARILYN E. SMITH

8 Signature of Debtor VIRGIL NORMAN SMITH

Signature of Debtor MARILYN E. SMITH

Type or Print all names (Iowa Code 335.2)

Type or Print all names (Iowa Code 335.2)

Secured party or other appropriate signature may be substituted for debtor(s) signature only in cases covered by UCC 9-402(2), 9-408 and 11105, and must be identified when substituted.

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

2.. FILING OFFICER COPY - NUMERICAL

Debtor(s) (Last Name First) and address(es) SMITH, VIRGIL NORMAN SMITH, MARILYN E. 3122 VALLEYVIEW TRAIL PROLE, IA 50229	Secured Party(s) and address(es) WESTERN FARM CREDIT BANK P. O. BOX 15558 SACRAMENTO, CA 95852-0558	For Filing Officer (Date, Time, Number, and Filing Office) FILED NO. 3276 UCC REC BOOK 3 PAGE 768 REC 9 17 97 MAY 23 PM 4:13 RUELLE UTSLER RECORDER MADISON COUNTY, IOWA
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This Statement refers to original Financing Statement No. 544 UCC Rec Bk 3 Pg 744
 Date filed, August 26, 19 96 Filed with Madison County

- A. **CONTINUATION**.....The original financing statement bearing the file number above, is still effective. (DO NOT use this form to continue a farm filing that has been filed in a county prior to Jan. 1, 1975.)
- B. **PARTIAL RELEASE**.....From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the property indicated below.
- C. **ASSIGNMENT**.....The secured party certifies that the assignee, (name and address is shown below), has been assigned the secured parties rights under the financing statement bearing the file number shown above in the property indicated below.
- 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 above file number 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; as indicated below;

CHANGES: ASSIGNEE: FIRST TRUST NATIONAL ASSOCIATION, as Custodian/Trustee
 180 East 5th Street, 2nd Floor
 St. Paul, MN 55101

COLLATERAL: This is a full assignment of all collateral. See Exhibit A attached hereto.

Debtor signature(s) necessary only if filing an amendment:

COMPILED _____ (Debtor)
 RECEIVED _____ (Debtor)
 COMPARED _____

By: John [Signature] (Secured Party)
 (Signature of Second Party. See Instruction No. 2)
 (Type or print name) (Iowa Code 335.2)
 Dated: April 29, 19 96

1. White—Filing officer copy—alphabetical

EXHIBIT A

This financing statement covers the following types or items of property:

The Collateral shall consist of all of the following described property and Debtor's rights, title and interest in such property whether now or hereafter existing or now owned or hereafter acquired by Debtor and wheresoever located:

All fixtures, including, but not limited to, the fixtures located or to be located on the real property described herein;

All monies or instruments pertaining to the Collateral described above; All accessions, accessories, additions, amendments, attachments, modifications, replacements and substitutions to any of the above; All proceeds and products of any of the above; All policies of insurance pertaining to any of the above as well as any proceeds and unearned premiums pertaining to such policies; and All books and records pertaining to any of the above.

6 Check appropriate box(es). The above goods are or are to become fixtures on The above timber is standing on The above minerals or the like (including oil and gas) or mineral accounts will be financed at the wellhead or minhead located on (Describe real estate below. See instruction #4):

THE SOUTH HALF (S1/2) OF THE NORTHWEST QUARTER (NW1/4) OF SECTION TWENTY-SEVEN (27) IN TOWNSHIP SEVENTY-SIX (76) NORTH, RANGE TWENTY-SIX (26) WEST OF THE 5TH P.M., MADISON COUNTY IOWA EXCEPT THE NORTH 361.50 FEET OF THE WEST 361.50 FEET OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 27, TOWNSHIP 76 NORTH, RANGE 26 WEST OF THE 5TH P.M., MADISON COUNTY, IOWA CONTAINING 3.00 ACRES MORE OR LESS.

The name of a record owner is VIRGIL NORMAN SMITH AND MARILYN E. SMITH

7 Products of collateral are covered. *no*