

THE IOWA STATE BAR ASSOCIATION Official Form No. 129	ISBA#		FOR THE LEGAL EFFECT OF THE USE OF THIS FORM, CONSULT YOUR LAWYER
			FILED NO. 001321
	E 80	COMPUTER	BOOK 2002 PAGE 1321
N.C.	REC \$ 500 AUD \$ 100 R.M.F. \$ 100	COMPARED	2002 MAR 20 PM 12: 03 12:03 MICKI UTSLER RECORDER MADISON COUNTY, 10WA
Preparer Betty Halsted Earlham Savings Bank 7300 Lake Drive West Des Moines, Ia 50266 515-223-4753			
Individual's N	Name Street	Address City	Phone SPACE ABOVE THIS LINE
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 the			
Michael W. Ory and Denise M. Ory			
to <u>Farlham Savings</u> Bank			
and Recorded in the records of the office of the Recorder of the County of			
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 this 1st	day of_ <del>March</del>		
11111111111111111111111111111111111111			
S - CO		Earlham Savings Bank	15
NOTE For partial release of	p	By: At Coins	Brown Wise Desident
rezi eatate mortgage, see		, , , , , , , , , , , , , , , , , , , ,	The Resident
CORPORATE	<i>:</i>	Diane L. Porter, L	oan Officer
STATE OF LOWE	of March 20		COUNTY, ss: lersigned, a Notary Public in
and for said County and S	State, personally appeared	Vernon L. Geiger	
duly sworn, did say that they are the <u>Executive Vice President</u> and <u>Loan Officer</u>			
respectively, of said corporation; that (noxsean prospectively) (the affixed seal 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			
Loan Officer be the voluntary act and d	as such office leed of said corporation, by it	ers, acknowledged the exec t and by them voluntarily exe	
9	BETTY L. HALSTED Commission Number 157929	(1) Feller	Notary Public in and for said State
INDIVIDUAL	My Commission Expires	,	
STATE OFday of			COUNTY, ss: ersigned, a Notary Public in
and for said County and S			g,,
to me known to be the identical person(s) named in and who executed the foregoing instrument and acknowledged that (he)(she)(they) executed the same as (his)(her)(their) voluntary act and deed.			
		(1)	Notary Public in and for said State