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MICHELLE UTSLER, COUNTY RECORDER MADISON IOWA

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Form Approved - OMB No. 0560-0204

CCC-297

(08-18-04)
Prepared by Lois M. Munden
Return to Adair County FSA
705 NE 6th St

U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation

SEVERANCE AGREEMENT

Greenfield,IA 50849 See Page 2 for Privacy Act and Public Burden Statements.

WHEREAS, (a) Daniel Ray Brownlee		and
(b) Megan Leigh Brownlee	, of (c) Macksburg	, County of
(d) Madison	, State of (e) Iowa	, (herein called Debtors), have
applied to the Commodity Credit Corp Secured Party a security interest in the	oration (herein called the Secured Party), for following-described fixture(s) (f):	or a loan and have agreed to give the

To purchase and construct a) 36' Sukup storage bin, ladders, stairs, platform, roof vents, floor supports and concrete. b) all proceeds, products, replacements, substitutions, additions, accessions and security acquired hereafter. Disposition of such collateral is not hereby authorized.

which fixture(s) is (are) affixed to the following-described real estate: (Add legal description) (g)

The East Quarter of the Northeast Quarter of the Northwest Quarter of the Northeast Quarter (E1/4NE1/4NW1/4NE1/4) and the Northwest Quarter of the Northeast Quarter of the Northeast Quarter (NW1/4NE1/4NE1/4) of Section Thirteen (13), Township Seventy-four (74) North, Range Twenty-nine(29) West of the 5th P.M. Madison County, Iowa.

NOW, THEREFORE, in consideration of the making or insuring of such loan by the Secured Party, the undersigned parties hereby (1) consent that the Debtors may grant to the Secured Party a security interest in said fixture(s) under the Uniform Commercial Code, (2) consent to the installation of said equipment and agree said equipment shall be and remain severed from the real property described above, and (3) agree that upon default of Debtors the Secured Party may (a) take possession of and remove said fixture(s) without notice to the undersigned parties and without liability to them for any diminution of value of the real estate caused by the absence of the fixture(s) or by any necessity for replacing the fixture(s), and (b) enforce its security interest against said fixture(s) as personalty.

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NOTE:

this (h) day of (i)	orresnker, (1):2005 (year).
if a corporation:	Dank Ry Bula
(k) Name of Corporate (Mortgagee) (Owner) * By	(n) Individual (Mortgagee) (Owner) * Daniel Ray Brownlee Mean Jergh Sumb (o Individual (Mortgagee) (Owner) *
(I) Duty Authorized Officer. (m) Title 5	Megan Leigh Brownlee
CORPORATE SEAL "Mortgagee" includes holder of any type of real estate lien.	
*Delete "Mortgagee" or "Owner."	
(p) STATE OF LOWA (q) COUNTY OF Madison }	ss. ACKNOWLEDGMENT:
subscribed to the within instrument and acknowledged to me the and that by his/her/their signature(s) on the instrument, the indicated, execute the instrument. GEORGENA BRE Commission Number	hat he/she executed the same in his/her/their capacity (ies), lividual(s) or the person on behalf of which the individual(s) AKENRIDGE Ther 197347

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 1436 and the Commodity Credit Corporation Charter Act, 5 USC 714 et. seq. The information will be used to determine eligibility for CCC financing for farm, storage and drying equipment. Furnishing the requested information is voluntary; however, without it CCC financing under the program cannot be provided. Failure to furnish the requested information will result in detail of CCC financing under this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m, and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0204. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.