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MICHELLE UTSLER: COUNTY RECORDER MADISON 10WA

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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) Ronald C	lyde Brownlee	and
(b) Glenda Faye Brownlee	, of (c) Orient	, County o
(d) Adair	, State of (e) Iowa	, (herein called Debtors), have
applied to the Commodity Credit Corp Secured Party a security interest in the	poration (herein called the Secured Party), or following-described fixture(s) (f):	for a loan and have agreed to give the

To a)purchase and construct a Shivvers Counterflow Drying System, augers, motors, accessories 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 (NW1/4NE1/4) 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.

if a corporation:	
Bad D. Woods Trustee	Eric & Brad Woodson Trust (n) Individual (Mortgagee) (Owner) *
(k) Name of Corporate (Mortgagee) (Owner) *	(n) Individual (Mortgagee) (Owner) * Eric & Brad Woodson Trust
Ву	(o) Individual (Mortgagee) (Owner) *
(l) Duly Authorized Officer	
(m) Title	
CORPORATE	
SEAL	_
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NOTE: 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 714e is eq., The information will be used to determine eliphility 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.

Solve Failure to furnish the requested information will result in denial 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 Inburial. 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.