Document 2005 6001

Book 2005 Page 6001 Type 06 046 Pages 2 Date 12/15/2005 Time 3:29 PM Rec Amt \$12.00

MICHELLE UTSLER, COUNTY RECORDER MADISON IOWA

MADISON CO. FSA

Prepared by and return to :Gary Van Gelder, FLO, 815 E.Hwy 92, Winterset IA (515)462-4884

This form is available electronically.

CCC-297 (08-18-04)

U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation

SEVERANCE AGREEMENT

See Page 2 for Privacy Act and Public Burden Statements.

WHEREAS, (a) Ernes	t Carl Miller	and
(b) Mary H. Miller	, of <i>(c)</i> 2463 321st La	ne, Peru , County of
(d) Madison	, State of (e) Iowa	, (herein called Debtors), have
applied to the Commodity Credit	Corporation (herein called the Secured Party in the following-described fixture(s) (f):	6
One new Golden Grain ste auger and power sweep.	el grain bin equipped with fan, s	preader, Sukup Fastir, unloading
which fixture(s) is (are) affixed t	o the following-described real estate: (Add le	egal description) (g)
Township Seventy-four (7 County, Iowa, except the	ng thence West 80 rods; thence Son	

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:

IN WITNESS WHEREOF, the undersigned parties here this (h) day of (i)	to have executed this instrument Com pure (year).		
if a corporation: Merchaels tale tanks			
(k) Name of Corporate (Mortgagee) (Owner)*	(n) Individual (Mortgagee) (Owner) *		
By (1) Duly Anthonized Officer	(o) Individual (Mortgagee) (Owner) *		
(m) Title			
CORPORATE SEAL			
"Mortgagee" includes holder of any type of real estate lien. *Delete "Mortgagee" or "Owner."			
(p) STATE OF			
On this (r) /3 th day of (s) December in the year (i) 2005, before me, the undersigned, a Notary Public in and for said State, personally appeared (u) Bill Didey, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her/their capacity (ies), and that by his/her/their signature(s) on the instrument, the individual(s) or the person on behalf of which the individual(s) acted execute the instrument.			
NANCY J. CORKREAN Commission Number 156143 My Commission Expires	(SEAL) (v) Notary Public mmission expires (w) (MM-DD-YYYY)		

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 1438 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 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 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.