Document 2007 3455

Book 2007 Page 3455 Type 06 009 Pages 2 Date 9/11/2007 Time 4:04 PM

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INDX V ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON IOWA

CHEK

NAME AFFIDAVIT

Preparer Information: Earlham Savings Bank, D. Porter,
7300 Lake Drive, West Des Moines, Iowa 50266 515-223-4753

15AAC

Return Document To: Earlham Savings Bank, D. Porter, 7300 Lake Drive, West Des Moines, Iowa 50266 515-223-4753

Grantors:

Sheryl Hughes

Grantees: The Public

Loan No.: 1592008681

NAME AFFIDAVIT

SHIU

Words used in this Affidavit are defined below. Where the context requires, words in the singular mean and include the plural and vice versa.

"Borrower" is Sheryl Hughes.

"Lender" is EverBank, and its successors or assigns.

"Loan" means the debt evidenced by the Note and all sums due under the Security Instrument.

"Note" means the promissory note(s) dated September 6, 2007, signed by Borrower in favor of Lender.

"Security Instrument" means the Deed of Trust/Mortgage/Security Deed/Security Instrument signed by Borrower in favor of Lender, securing payment of the Note.

BEFORE ME, the undersigned authority duly authorized to take acknowledgements and administer oaths, on this day personally appeared Borrower, who upon being duly sworn on oath stated the following:

1. I am the same person named in the Note and the Security Instrument.

2. I am one and the same person as:

Sherry Hughes; Sheryl Hughes; Sheryl L Hughes

- 3. I also swear and affirm that the signature below is my true and exact signature for execution of the Loan documentation.
- 4. I understand that this Affidavit is given as a material inducement to cause Lender to make the Loan to me and that any false statements, misrepresentations or material omissions may result in civil and criminal penalties.

1 Hughes

Subscribed and sworn to before me on

9-6-07

DIANE L. PORTER
Commission Number 176369
My Commission Expires
October 7, 2009

otary Public in and for the State of

(Seal)

My Commission Expires:

10-07-09

(Borrower)