FILED NO.

BOOK 197 PAGE 805

98 APR 23 PH 3: 42

MICHELLE UTSLER
RECORDER
RECORDER
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RECORDER
MAD REILEN TO: Farmers & Merchants State Bank, 101 W Jefferson, PO Box 29, Winterset EN 607541 (518) 462-4381

PARTIAL RELEASE OF REAL ESTATE MORTGAGE	
acknowledge that the following described real estate situated i	
Quarter(\frac{1}{4}\) lying and being North and East of a straight	that part of the Southwest Quarter(%) of the Southwest t line drawn from the Northwest corner of said 40-acre t thereof lying South and East of the center of Clanton 74) North, Range Twenty-eight (28) West of the 5th P.M.,
Is hereby released from the IIen of the real estate mortgage exe to <u>Farmers & Merchants State Bank</u> March 10, 1998 recorded in the	cuted by <u>Steven R. Weeks and Patricia J. Weeks</u> , dated no record of the County of <u>Madison</u> , State
of lowa, Book 196 page 443 specifically reagainst all of the remaining property embraced in or subject to	serving and retaining the mortgage lien and all mortgage rights
Dated this <u>23rdday of April</u> , 1	98
	Farmers & Merchants State Bank
	By: Tim J. Rethmeier, Vice President
CORPORATE	By: Tim J: Rethmeter, vice President
STATE OF	MadisonCOUNTY, ss:
On this <u>23rd</u> day of <u>April</u> , A.D. 19 <u>98</u> , before me, the undersigned, a Notary Public in and for sald County and State, personally appeared <u>Tim J. REthmeier</u> ,	
to me personally known, who being by me duly sworn, dld say	that they are the <u>Vice President</u> tively, of sald corporation; that (nox seed shock president)
	n; that sald instrument was signed and sealed on behalf of sald
$\text{Ottoc}_{XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX$	officers, acknowledged the execution of said instrument to be
the voluntary act and deed of said corporation, by It and by the	om voluntary executed.
GINA M. HACKETT MY COMMISSION EXPIRES A -10-99 In a	Mina M Hackott Notary Public nd for Sald State
Filled for record thisday of	, A.D. 19atoʻclock
M., and recorded In Bookon page	
· .	
<u>. </u>	
FEE, \$Pald WHEN RECORDED PLEASE RETURN TO:	
NAME	ADDRESS