FILED NO. 1543

BOOK 193 PAGE 376

	or a Ky	97 OCT 16 PH 12: 30
	TOWARSO, M	MICHELLE UTSLEE RECORDER MADISON COUNTY, 10WA
Prepared by and return to: (Name, Address and Phone I	No.) Clarke County Sta	te Bank
P.O. Box 487, Osceola, IA 50213		<u></u>
PARTIAL RELEASE OF REAL ESTATE MORTGAGE		
The undersigned, the present owner(s) of the mortgage acknowledge that the following described real estate situates		
Parcel 8A of the Fieldstone Additi Iowa.	on to the City of Winters	et, Madison County,
is hereby released from the lien of the real estate mortgage to <u>Clarke County State Bank</u>	executed by Patrick F. Cork	rean and Nancy M.Corkrean
June 24, 1994 recorded	In the record of the County of	Madison, State
of lowa, Book 173 page 91 specifical against all of the remaining property embraced in or subject	ly reserving and retaining the morto	gage lien and all mortgage rights I
J. 1 ,	_ ;	
Dated this <u>Anth</u> day of <u>October</u>	. 19 <u>97</u>	I-I Bal
	Clarke County S	earce Bank
	I Jums	folso
三部: 食べる 発を	Kenneth Baker,	President
20.	Amy Jampe Fyer	utive Vice President
CORPORATE	Amy Lampe, Exce	dervo vice riediasie
MANGAL		
STATE OF	Clarke	COUNTY, ss:
On this 10th day of 0ctober , A for said County and State, personally appeared Kennet to me personally known, who being by me duly sworn, did	h Baker and Amy Lampe	,
and <u>Executive Vice President</u> res	pectively, of said corporation; that	t (no seal has been procured by
the said) (the seal affixed thereto is the seal of said) corpor	atlon; that sald instrument was sign	ed and sealed on behalf of said
corporation by authority of its Board of Directors; and that t andAmy_Lampe as su	he said <u>Kenneth Baker</u> Ich officers, acknowledged the ex	ecution of sold lostrument to be
the voluntary act and deed of said corporation, by it and by		· ·
MELODEE L KELLEY	milder Lyl	<i>M</i>
MY COMMISSION EXPIRES	11 justus 0) 1 yee	ecy
08-19-2000	Towa	Notary Public
·	in and for Said State	•
Filed for record thisday of	.A.D. 19	ato′clock
M., and recorded in Bookon page		
FEE. \$ Paid		
WHEN RECORDED PLEASE RETURN TO:		
NAME	ADDRESS	

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