MG

SATISFACTION PIECE FOR CORPORATION



KNOW ALL MEN BY THESE PRESENTS:

| That UNITED FEDERAL SAVINGS BANK | | |
|--|--|---|
| Moines in Polk County and State of Iowa, a corporation organized and existing under the laws of the United States of America, does hereby acknowledge that a certain mortgage, bearing the date of the 29th. | | |
| day of, A.D., 19_84 made and executed by Lynn R. Godbersen and Muriel R. Godbersen, Husband and Wife | | |
| to UNITED FEDERAL SAVINGS BANK OF IOWA County, State of Iowa, to-wit: | | |
| County, State of Iowa, to-wit. | | |
| | | |
| The West Half (1/2) of the Southeas | t Quarter (1/4) of Sect: | ion Nine COMPUTER |
| (9), in Township Seventy-five (75) West of the 5th P.M., Madison Count | | |
| | | FILED NO. 2326 |
| | | BOOK 150 PAGE 457 |
| • | .ompared | 1988 JUN 15 RM 10: 39 |
| | | MARY E. WELTY |
| | | RECORDER MADISON COUNTY, IOWA |
| | | Fee \$5.00 |
| and recorded in the records of the office of the R State of Iowa in Book No. 139 the 29th day of February A.D. 19 84 | of Mortgage | nty of <u>Madison</u> s. Page No. <u>551</u> on <u>A.</u> M., is redeemed, paid |
| off, satisfied and discharged in full. | | |
| Dated thisllth_ day of | | 19 _88 |
| UNITED FEDERAL | . SAVINGS BANK OF IOWA | S BVIN O |
| By: Defer C.C. | Ydysons Assistant Vice-Preside | = 3/2/2/2/2/2 |
| | TE OF ACKNOWLEDGEMEN | |
| | | |
| STATE OF IOWA)) SS | | |
| POLK COUNTY) | | Manager Company |
| On this <u>11th</u> day of <u>June</u> , A.D., 19 <u>88</u> before me the undersigned, a Notary Public in and for Polk County, State of Iowa, personally appeared | | |
| | Assistant Vice-President | |
| of UNITED FEDERAL SAVINGS BANK OF IOWA affixed to said instrument is the seal of said corp | | l and existing, that the seal |
| That the said instrument was signed, sealed | and executed on behalf of sai | d corporation by authority |
| of its board of directors, and the said <u>Dixie</u> and the execution there-of to be the voluntary act a | C. Parsons acknowl | edged the said instrument |
| executed. | | |
| WITNESS my official signature and seal of written. | office at Des Moines, Iowa, th | ne day and year last above ' |
| | \sim | γI . |
| LESA CLANIN MY COMMISSION EXPIRES | Notary Public in and for said Lesa M. Clani | d County and State |
| | My Commission expires | 0.400.400 |
| UFS 35 Rev. 4-84 | y | Cat #95 |
| | | |