FILED NO. 3020

BOOK 181 PAGE 812

USDA-FmHA Form FmHA 460-1 (Rev. 7-11-83)		Position 1 (Cha Position 5 (Real PARTIAL REI	Estate)	ED MICHE	7-3 PM 3:53 ELLE UTSLER RECORDER ON COUNTY, IOWA
il and the state of the state o	f America, as owner s	and holder of the fo	allowing-described 1	ien instrument/s), mad	le and executed by
James L M		· ·	dith A Morris		of
3033 Old Arrow La	ne, Peru, IA 502		Madison		, State of
(Post-office address, I Iowa	nciude ZIP Code)	filed or recorded in	the Recorder	s	office of
	•	inea or recorded in			orrice or
Madison		_County, State of _ Date of	Iowa Date	Document, File	_, to wit:
Lien Instrument	Mortgagee	Instrument	Filed	or Book No.	Page No.
RE Mortgage	FmHA	6/30/94	7/8/94	173	206
for value received does rel	ease from the lien of s	aid instrument(s) th	e following-describe	ed property (describe	property in detail):
Section Sixteen (1 West of the 5th Pr Clanton Creek Road	ime Meridian whic	ch lies South a	and West of co		
W*	•				
	· · · · · · · · · · · · · · · · · · ·	in Mar Managa yan I	The Alberta	9 July 190	
\$ - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		All Company			
Construction of the Constr					
to the second of				, , , , , , , , , , , , , , , , , , ,	
Only the above-descrift the obligations secured by to and discharged.	ned property is released hose lien instrument(s),	from the lien of the a and these obligation	foresaid instrument is shall continue in	force and effect until f	ot affect or modify fully paid, satisfied,
IN WITNESS WHERE	OF, the United States of	of America has signed	this form on the	2 nol	
ay of	ment Administration	on" I	DEAN I BARTELI AG CREDIT OFFI		
tes of America" is su	bstituted."			Department of Agricu	

where Home Administration",

In W. Copment Administration"

point, the Lami "United

in Laboral ed."

STATE OF	OWA					
COUNTY OF M	ADISON	\right\ ss:	. A	ACKNOWLEDGMENT		
On this	2 nd	day of	ay	, 19 <u>9</u> (₀ , before me,		
Notary Public (Title of officer)			,	, in and for the above county and State, appeared		
Dean	I. Bartelt	. known	to me to be "Ao.	Credit Officer		
and he/she acknow	danalastration, United S	tates Department of .	Agriculture, and th	ne person who executed the foreg and deed of the United States of	oing instrument, America, for the	
IN WITNESS	S WHEREOF, I have he	reunto set my hand a	nd seal at			
Winte	rset, IA		the day and	year aforesaid.		
[SEAL]	JANE A MY COMMIS	DAWSON SSION EXPIRES	Sa	ne a Jawson	(Signature)	
My commission ex			*			
(To be	filled in if certifying office	r is a notary public)			(Title)	

MIG RECC. 187

MADISON COUNTY FSA OFFICE 815 E HWY 92 WINTERSET IA 50273-9501

> 82 7-8-94