

BK: 2016 PG: 1956 Recorded: 7/8/2016 at 2:37:31.0 PM

Fee Amount: \$7.00

Revenue Tax: LISA SMITH RECORDER Madison County, Iowa

## **RELEASE OF REAL ESTATE MORTGAGE**

Prepared Informat	tion: (Name, address and			
	Loan Service Center/		1	
	Earlham Savings Bar	nk		
	PO Box 426			
	Earlham, IA 50072		***************************************	
	(515) 758-2251			
				THE STATE OF THE S
Taxpayer Informat	tion: (Name and complete	address)		
	Joseph P. Dacre			
	PO Box 112			
	Earlham, IA 50072			
Return Document	To: (Name and complete	address)		
	Loan Service Center Earlham Savings Bar	ak		
	PO Box 426	IK		- marketing desired and another
	Earlham, IA 50072			
	(515) 758-2251			-
Grantors:			Grantees:	
	vice Center		Joseph P	Dacre
	Savings Bank		PO Box 1	
PO Box 42	<u> </u>			
Earlham,			Earmain,	IA 50072
(515) 758-			mail and a second	
(010) 700				
by Joseph P. to Earlham Savings Ma	. Dacre <u>s Bank,</u> and Recorded i adison	n the records o	of the office of the F lowa	, 2005 made and execute  Recorder of the county of  and is indexed in
Book 2005 Pa off, satisfied and di	ge 3836 on the	11th day of	August	, <u>2005</u> is redeemed, paid
Words and phrases		ne or neuter gend	all be construed as in t er, according to the co June	the singular or plural number, and as ontext 2016
Earlham Savings B	**************************************		Earlham Savings	· · · · · · · · · · · · · · · · · · ·
\ \ \	a IA	*>	Earman Saving	) Sain
Duenimle	J. Huisz		Tol	ent I fran
WILLIAM W. HUNT PRESIDENT	TER	1	ROBERT J. KRE VICE PRESIDEN	1/
ACKNOWLEDGMI				
personally appeare by me duly sworn of (that sea) affixed to and that said instru PRESIDENT AND	or affirmed did say that said instrument is the said instrument is the same and said ERESIDENT and	R AND ROBE person is PREseal of said ensealed, if applications the said PRESEA	efore me, a Notary RT J. KRESS, to m SIDENT AND VICE tity or no seal has t able, on behalf of t SIDENT AND VICE	Madison ss.  Public in the state of lowa, he personally known, who being PRESIDENT of said entity, been procured by said entity of the said entity by authority of its PRESIDENT acknowledge the by it voluntarily executed.
My commission ex	Mres: AMANDA BUT	TTON	Inanc	lat ston

AMANDA BUTTON Commission Number 784345 My Commission Expires