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Document 2015 1704 Type 06 006 Pages 2  
Date 6/30/2015 Time 1:28:18PM  
Rec Amt \$12.00

DEBORAH L PEYTON, RECORDER/REGISTRAR  
DELAWARE COUNTY IOWA

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Prepared by/return to: Shirley Mantemach, Farm Service Agency, 200 S 12th St, Manchester, IA 52057 (563)927-4250  
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CCC-297  
(08-18-04)

U.S. DEPARTMENT OF AGRICULTURE  
Commodity Credit Corporation

### SEVERANCE AGREEMENT

See Page 2 for Privacy Act and Public Burden Statements.

WHEREAS, (a) G S Racing & Farm LLC and  
(b) \_\_\_\_\_, of (c) 510 3rd Ave SW, Worthington, IA 52078, County of  
(d) Delaware, State of (e) Iowa, (herein called Debtors), have  
applied to the Commodity Credit Corporation (herein called the Secured Party), for a loan and have agreed to give the  
Secured Party a security interest in the following-described fixture(s) (f):

A 42' Sukup Bin, inside ladders, stairway, 6 roof vents, 42' hawkcut floor, super supports,  
2 supports, 42 x 10" sweepway, 16' x 10" vertical auger, 15hp motor, 10hp motor, 2-3.5 x 2  
groove motor, 8" x 50' transfer, 7.5 motor, 3phase, 2 groove x 3.5 motor pulley, 28" axle  
fan, 10" x 55' Westfield auger, 25hp 3 phase motor, 3 groove x 4.5 motor pulley, 2 roof  
mount brackets, electrical cement and all other attachments.

which fixture(s) is (are) affixed to the following-described real estate: (Add legal description) (g)

The West Half of North West quarter and all that part of the North West quarter of South  
West quarter lying North of Rail Road Lands, in Section Twenty Five (25), and North East  
quarter and all that part of South East quarter lying North of the Rail Road Lands in  
Section Twenty-Six (26), all in Township Eighty Nine (89) North, Range Three (3), West of  
the Fifth P.M., in Bremen Township, Delaware County, Iowa, subject to recorded easements and  
existing roads.

NOW, THEREFORE, in consideration of the making or insuring of such loan by the Secured Party, the undersigned  
parties hereby (1) consent that the Debtors may grant to the Secured Party a security interest in said fixture(s) under the  
Uniform Commercial Code, (2) consent to the installation of said equipment and agree said equipment shall be and remain  
severed from the real property described above, and (3) agree that upon default of Debtors the Secured Party may (a) take  
possession of and remove said fixture(s) without notice to the undersigned parties and without liability to them for any  
diminution of value of the real estate caused by the absence of the fixture(s) or by any necessity for replacing the fixture(s),  
and (b) enforce its security interest against said fixture(s) as personalty.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

IN WITNESS WHEREOF, the undersigned parties hereto have executed this instrument  
 this (h) 24<sup>th</sup> day of (i) June, (j) 2015 (year).

if a corporation:

G S Racing & Farm LLC  
 (k) Name of Corporate (Mortgagee) (Owner) \*  
G S Racing & Farm LLC  
 (n) Individual (Mortgagee) (Owner) \*  
 By James Steger  
 (l) Duly Authorized Officer James Steger  
Partner  
 (m) Title

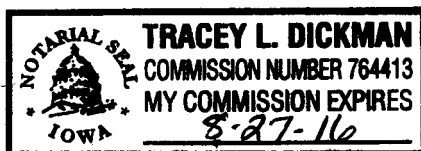
CORPORATE  
 SEAL

"Mortgagee" includes holder of any type of real estate lien.

\*Delete "Mortgagee" or "Owner."

(p) STATE OF Iowa  
 (q) COUNTY OF Dubuque } ss. ACKNOWLEDGMENT:

On this (r) 24<sup>th</sup> day of (s) June in the year (t) 2015, before  
 me, the undersigned, a Notary Public in and for said State, personally appeared (u) JAMES STEGER,  
 personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are)  
 subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her/their capacity (ies),  
 and that by his/her/their signature(s) on the instrument, the individual(s) or the person on behalf of which the individual(s)  
 acted, execute the instrument.



(SEAL)

Tracey L. Dickman  
 (v) Notary Public  
08-27-2016  
 (MM-DD-YYYY)

My commission expires (w)

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 1436 and the Commodity Credit Corporation Charter Act, 5 USC 714 et. seq. The information will be used to determine eligibility for CCC financing for farm, storage and drying equipment. Furnishing the requested information is voluntary; however, without it CCC financing under the program cannot be provided. Failure to furnish the requested information will result in denial of CCC financing under this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0204. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.