This STATEMENT is presented to THE FILL	NG OFFICER for filing	for record in real es	state records:	
1. Debtor(s) (Last Name First) and address(es)	2. Secured Party(les) and	address(es)	3. For Filing Officer (Date	, Time, Number,
Stowell, John	gammaditus gusait	G	and Filing Office)	2472
610 W. Filmore Winterset, Ia. 50273	Commodity Credit Corp. Madison Co. ASCS Co. Comm.		FILED NO 21/9	
1	Box 69	co. comm.	BOOK & P	AGE 6/6
	Winterset, Ia. 5	0273		PH 5=29
·		Gom	THE HOUSEL	1:13: 3-2:3
		1	MARY E.	WELTY
			MADE ON CO	
4. Check one only:	number File 6	16 UCC REC	C. 1, page 550	1 100
Original financing statement real estate record		TO OCC KE	C. 1, page 550	Tree:1-
Record ow	ner of the real estate:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************	
Date filed:	9/20/78	, 19 Filed	with county recor	der
5. Check only one: A. D CONTINUATION The original fine	incing statement between th	e foregoing Debtor and	Secured party hearing the	file number shown
above, is still e	recuve.			
	ty releases the property in number shown above.	idicated below from the	collateral described in the	financing statement
dress is shown b	tent otherwise specified below, has been assigned all	ow, the secured party ce the Secured Party's rig	rtifies that the assignee, with the transfer the financing sta	hose name and ad- tement bearing the
D. TERMINATION The Secured Pathe file number		interest no longer is o	laimed under the financing	statement bearing
the file number E. [] AMENDMENT The financing sta	shown above. Itement bearing the file nun	nber shown above is cha	nged to show: Name, identi	tv. corporate struc-
ture, or aggress	of Secured Party as indicated below □; Other, as indicated	ed below []; Name, iden	ntity, corporate structure, or	address of Debtor
6. CHANGES:				
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7. Debtor Signature(s) necessary only if filing an ar	nendment:	8. 9	//	
	(Debtor)	By Marlene	Sheaver, a	uly ced
		•	of Secured Party (See Instru	ction #2)
	(Debtor)	Commodity C Type or Print all names		Secured Party
•		Type or runt an names	6/17/83	
Type or Print all names (Iowa Code 335.2)		Date	0,21,00	19
Form Approved (7-1-81) By: MARY JANE ODELL, S	ecretary or State			
FILING OFFICER COPY ALPHABETICAL			4) 5.0	
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