

USDA-FHA  
Form FHA 460-4  
(Rev. 4-7-65)

56826

RECORDED AT THE REQUEST OF First American Title Co.  
 on Nov. 9, 1972, at 47 min. past 10 A. M.  
 Position 1 - Chattel Security  
 Position 5 - Real Estate Security  
 of OFFICIAL RECORDS, page 83, RECORDS OF  
EUREKA COUNTY, NEVADA, Wills A. N. Paul Recorder

SATISFACTION 56826

Fee 3.00

KNOW ALL MEN BY THESE PRESENTS, That the United States of America, acting through the Administrator of the Farmers Home Administration, as owner and holder of the following-described lien instrument(s), made and executed by

HARVEY F. RIFE and MATTIE L. RIFE

and recorded or filed in County of EUREKA

State of NEVADA, does hereby satisfy and discharge the said lien instrument(s).

LIEN INSTRUMENT	MORTGAGEE	DATE OF INSTRUMENT	DATE FILED	RECORD OR FILE NO.
	Crop - Chattel Mortgage	May 31, 1966	May 31, 1966	42090
	Crop - Chattel Mortgage	July 8, 1964	July 8, 1964	39945
	Crop - Chattel Mortgage	Apr. 21, 1964	Apr. 21, 1964	39757
	Crop - Chattel Mortgage	Apr. 29, 1963	Apr. 29, 1963	37903
Severance Agreement		Apr. 29, 1963	May 9, 1963	37994

IN WITNESS WHEREOF, the United States of America has caused these presents to be signed the 7th

day of November 7, 1972

WITNESSES: Paula Y. Harkins  
 Notary Public - State of Nevada  
 My commission expires June 19, 1976

UNITED STATES OF AMERICA

Max A. Shearer  
 County Supervisor  
 Farmers Home Administration  
 United States Department of Agriculture

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

ACKNOWLEDGMENT

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me, the subscriber, a \_\_\_\_\_, in and for the above county and State, appeared \_\_\_\_\_, known to me to be \_\_\_\_\_, Farmers Home Administration, United States Department of Agriculture, and the person who executed the foregoing instrument, and he acknowledged to me that he executed the same as the free act and deed of the United States of America, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at \_\_\_\_\_ the day and year aforesaid.

[SEAL]

My commission expires \_\_\_\_\_ (To be filled in if certifying officer is a notary public)

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