	ry of State's Office must contain either the det			Prepaid account number
Debtor (if individual, last name first) and address:		Debtor (if individual, last name first) and address:		
CONRAD, Edna J. 616 Arizona				
Lawrence, KS 660	44			
FIN	_or SSN <u>5 1 4 - 2 2 7 0 8 9</u>	FEIN		or SSN
				For filing officer
2. Secured Party and address (there may be more than one):  (Type information inside gray area)				
BANK IV Kansas, N.A. scuessor by mer to BANK IV Kansas City, N.A. 100 East Santa Fe, P.O. Box 400 Olathe, KS 66061-0400			BO1	FILED JOI AS COUNTY MANISAS 95 JUL -7 PM 2: 27
3. Assignee and address if appl	licable		R	GISTER OF DEEDS  Q010968
	inal Financing Statement Number:9001  The original Financing Statement bearing the above file number is still effective.  The Secured Party of record no longer claim security interest under the Financing Statem	s a	Original filing	The Secured Party of record has assigned the Secured Party's rights in the property described below under the Financing Statement bearing the above file numbe to the Assignee whose name and address are shown above.
C. Release	From the Collateral described in the Financia Statement bearing the above file number, the Secured Party of record releases the collate	9	E. Amendm	
6. This area is for describing ch	anges.		Changed t	co: Shackelford, Edna C. 616 Arizona Lawrence, KS 66049
			Nun	nber of Additional Sheets, if any
		-	BAN	NK IV Kansas, N.A.
			1	() $()$