



NOTICE OF TERMINATION OF FARM TENANCY

TO: Randall J. Francois, 3219 220th St, Masonville, IA 50654; and
Megan C. Francois, 3219 220th St, Masonville, IA 50654

You and each of you are hereby notified that the farm tenancy of the following described real estate situated in Fayette County, Iowa, to-wit:

Parcel D in the Southeast Quarter of Section 31, Township 91 North, Range 7 West of the 5th P.M., Fayette County, Iowa; containing 127 acres, more or less, tillable acres.

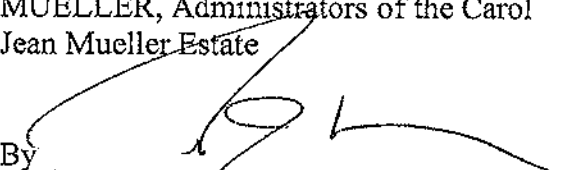
will terminate and expire on the first day of March, 2025, and such tenancy will not continue after said date.

This notice is given to you in accordance with the provisions of Chapter 562 of the Code of Iowa. If this notice is directed to a person in possession of the real estate, you are further notified that the undersigned demand that you vacate, surrender and deliver possession of said real estate on said date.

You will therefore take notice and govern yourselves accordingly.

ROBERT J. MUELLER AND JAMES E.
MUELLER, Administrators of the Carol
Jean Mueller Estate

By

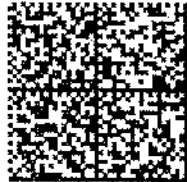

Todd J. Locher AT0004721
Locher & Davis PLC
202 2nd Avenue NW
PO Box 7
Farley, IA 52046
T: 563-744-3359
F: 563-202-7253
E: tlocher@locherlaw.com

LOCHER & DAVIS PLC
 ATTORNEYS AT LAW
 202 2ND AVENUE NW
 P.O. BOX 7
 FARLEY, IOWA 52046

CERTIFIED MAIL



7022 2410 0002 5716 3006
 7022 2410 0002 5716 3006



FP US POSTAGE
\$009.64
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 08/27/2024
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OFFICIAL USE

Certified Mail Fee	\$ 4.85	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	.69	
Total Postage and Fees	\$ 9.64	

Sent To: Randall J. Francois
 Street and Apt. No., or PO Box No. 3219 220th St
 City, State, ZIP+4® Masonville IA 50654

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions.

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Masonville, IA 50654

OFFICIAL USE

Certified Mail Fee	\$4.85	4.95
Extra Services & Fees (check box, add fee, if appropriate)		
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$0.10	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.73	.69
Total Postage and Fees	\$9.68	9.64

2046
05

Postmark
Here

08/28/2024

Sent To Randall J. Francois
 Street and Apt. No., or PO Box No. 3219 220th St
 City, State, ZIP+4® Masonville IA 50654

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
RANDALL J. FRANCOIS
3219 220th St
MASONVILLE IA 50654



9590 9402 8390 3156 8224 38

2. Article Number (Transfer from service label)
 7022 2410 0002 5716 3006

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature]
 Agent
 Addressee

B. Received by (Printed Name)
Megan Francois

C. Date of Delivery
9-9-24

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

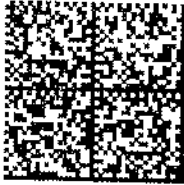
3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

LOCHER & DAVIS PLC
 ATTORNEYS AT LAW
 202 2ND AVENUE NW
 P.O. BOX 7
 FARLEY, IOWA 52046

CERTIFIED MAIL



7022 2410 0002 5716 3013
 7022 2410 0002 5716 3013



FP **US POSTAGE**
\$009.64
 First-Class - IMI
 ZIP 52046
 08/27/2024
 036B 0011821447

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®	
OFFICIAL USE	
Certified Mail Fee	\$ 4.85
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 4.10
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.69
Total Postage and Fees	\$ 9.64
Sent To	Megan C. Francois
Street and Apt. No. or PO Box No.	3219 220th St
City, State, ZIP+4®	Masonville IA 50654
PS Form 3800, April 2013 PSN 7530-02-000-6047 See Reverse for Instructions	

Postmark
Here

7022 2410 0002 5716 3013

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
Masonville, IA 50654	
OFFICIAL USE	
Certified Mail Fee \$4.85	2046 05
Extra Services & Fees (check box, add fee if appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$0.00	
<input type="checkbox"/> Return Receipt (electronic) \$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery \$0.00	
<input type="checkbox"/> Adult Signature Required \$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$0.73	Postmark Here
Total Postage and Fees \$9.68	08/28/2024
Sent To Megan C. Francois	
Street and Apt. No., or PO Box No. 3219 220th St	
City, State, ZIP+4® Masonville IA 50654	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Megan Francois</p> <p>C. Date of Delivery 9-2-24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Megan C. Francois 3219 220th St Masonville IA 50654</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 2410 0002 5716 3013</p>	
<p>9590 9402 8390 3156 8224 07</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt