AFFIDAVIT

TO WHOM IT MAY CONCERN:

I, Virginia Hovick, do state that I am the buyer of a contract dated January 1, 1991, and filed of record March 25, 1992 in Book 129 at Page 163 in the office of the Delaware County Recorder for property described as:

> That part of the Southwest fractional Quarter (SWfr1/4) of Section Thirty One (31), Township Eighty Nine (89) North, Range Five (5), West of the Fifth P.M. described as commencing at the Southwest corner of the Southeast Quarter (SE1/4) of said Southwest fractional Quarter (SWfr1/4), and running thence North two hundred sixty seven and five-tenths (267.5) feet to the point of beginning, thence South 89° 29' East three hundred (300) feet, thence South two hundred thirty one and eight-tenths (231.8) feet, thence West four hundred nine and seven-tenths (409.7) feet, thence North two hundred thirty five and five-tenths (235.5) feet, thence South 89° 29' East one hundred nine and eight-tenths (109.9) feet to the point of beginning.

Said contract shows Virgil E. Sellers as a single person. Attached hereto is a true and correct copy of the Certificate of Death of his spouse, Bernice Ida Sellers.

FURTHER THE AFFIANT SAYETH NOT.

Virginia Hovick
VIRGINIA HOVICK

Subscribed and sworn to before me by the said Virginia Hovick on this 7th day of Feb., 1994.

Debra K. Rudd
NOTARY PUBLIC, STATE OF IOWA

DEBRA K. RUDD
MY COMMISSION EXPIRES
1/28/96

FILE No. 9-2461
RECORDING FEE $ 11.00
TRANSFER FEE $

FILED FOR RECORD THE 14 DAY OF February, 1994 AT 11:52 O'CLOCK A M. BOOK 17 PAGE 283

STATE OF IOWA, DELAWARE COUNTY
Deborah L. Peyton, Recorder
Aff.

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

114-

CERTIFICATE OF DEATH

BIRTH NUMBER | STATE FILE NUMBER

1. DECEDENT—NAME (FIRST / MIDDLE / LAST)	BERNICE / IDA / SELLERS	2. SEX	Female	3. DATE OF DEATH (MONTH, DAY, YEAR) January 31, 1988
4. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	White	5a. AGE—LAST BIRTHDAY (YEARS)	67	5b. UNDER 1 YEAR (MOS. / DAYS) / 5c. UNDER 1 DAY (HOURS / MIN.)
6. DATE OF BIRTH (MONTH, DAY, YEAR)	April 8, 1920	7a. COUNTY OF DEATH	Black Hawk	
7b. CITY, TOWN, OR LOCATION OF DEATH	Cedar Falls	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes	7d. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 3219 Midway Dr. (Home)
7e. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	N/A			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Hayfield, Iowa	9. CITIZEN OF WHAT COUNTRY	U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	Virgil E. Sellers			
12. SOCIAL SECURITY NUMBER	[redacted]	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Homemaker	13b. KIND OF BUSINESS OR INDUSTRY Homemaking
13c. WAS DECEASED EVER IN U.S. ARMED SERVICES? GIVE DATES OF SERVICE.	No			
14a. RESIDENCE—STATE	Iowa	14b. COUNTY	Black Hawk	14c. CITY, TOWN, OR LOCATION Cedar Falls
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes	14e. STREET AND NUMBER	3219 Midway Dr.	
15. FATHER—NAME (FIRST / MIDDLE / LAST)	Harrison / B. / Taylor	16. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST)	Elsa / - / Stoltenberg	
17a. INFORMANT—NAME	Virgil E. Sellers	17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	3219 Midway Dr., Cedar Falls, Iowa 50613	

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a)	Glioblastoma	18 months
DUE TO, OR AS A CONSEQUENCE OF: (b)		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART IIa. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)	b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 6 MONTHS? YES ☐ NO ☒	19a. AUTOPSY (YES OR NO) no	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR M.	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)		

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶ Ronald Whitbeck MD — 21b. DATE SIGNED (Mo., Day, Yr.) 02-09-88 — 21c. HOUR OF DEATH M

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

21d.

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER OR CORONER) (Type or Print)

23. P. E. Rohrbaugh, M.D. 602 Clay St. Cedar Falls, IA 50613

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	Burial	24b. CEMETERY OR CREMATORY—NAME	Garden of Memories	24c. LOCATION CITY OR TOWN / STATE: Waterloo, Iowa
24d. DATE (MONTH, DAY, YEAR)	February 3, 1988	25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	THE DAHL-Van Hove-Schoof Funeral Home, Cedar Falls, Iowa 50613	
25b. FUNERAL DIRECTOR—SIGNATURE	LeRoy Van Hove	25c. F.D. LIC. NO.	1464	26a. REGISTRAR—SIGNATURE: Donna Mohen 140 — 26b. DATE RECEIVED BY LOCAL REGISTRAR: 2/12/88

I HEREBY CERTIFY that the above information was taken from the Record of Death on file in this office in accordance with the law of Iowa requiring filing of vital records. Certificate No. 140

Date February 12, 1988

[SEAL]

County Registrar and Clerk of Iowa District Court.