Del. Co. Auditor

Entered for taxation 28th day of June A.D. 2001
Sharon McCardle Auditor
Linda Steckin Deputy

88-170

Francis J. Dilley
To
Doris L. Dilley

RECORDER FEE $ 11.00
AUDITOR FEE $ 5.00

2001 JUN 20 AM 10:

BOOK 2001 PAGE 3128
DEBORAH L. PEYTON
DELAWARE CO. RECORDER

DELAWARE COUNTY IOWA
FILED

Preparer: Tim A. Estlund, Atty, 100 1st Ave. NE, Ste. 105, Cedar Rapids, IA 52401, 364-2128

AFFIDAVIT OF SURVIVING SPOUSE FOR CHANGE OF TITLE TO REAL ESTATE

STATE OF IOWA)
) ss:
COUNTY OF LINN)

I, DORIS L.DILLEY, being first duly sworn on oath, depose and state as follows:

1. I am the surviving spouse of FRANCIS J. DILLEY who died on October 13, 1996.

2. The following described real estate was owned by FRANCIS J. DILLEY and DORIS L.DILLEY, as joint tenants with full rights of survivorship at the time of his death:

(see legal description attached)

3. The value of all property owned by FRANCIS J. DILLEY on the date of his death was less than $600,000.00.

4. The above-described real estate was conveyed to Clifford A. Mather and Vera D. Mather by a warranty deed recorded July 30, 1996, at Book 137, L.D., Page 59, but said deed inadvertently omitted the easement language at the end of said description. This affidavit is made to assist in curing that defect.

4. I hereby request that the auditor enter this information on the transfer books pursuant to Section 558.66 of the Iowa Code.

Doris L. Dilley
Doris L.Dilley

Subscribed and sworn to before me this 12 day of June, 2001, by Doris L. Dilley.

Dennis Hood
Notary Public, State of Iowa
Expires MAR 22, 2004

Exhibit "A"

Parcel H, Part of the Northeast Quarter (NE ¼) of the Northeast Quarter (NE ¼) of Section Fifteen (15), Township Eighty-Eight (88) North, Range Five (5), West of the Fifth Principal Meridian, Delaware County, Iowa, according to the Plat Record in Book 2001, Page 773.

AND

A twelve (12.0) foot wide easement for access to said property running from the Northeast corner of the said property North along the Section line to the County Road, the East side of said easement being the section line, all in Delaware County, Iowa.

CERTIFICATE OF VITAL RECORD

STATE OF IOWA

County Record

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

BIRTH NUMBER 114-

DECEDENT'S NAME 1. First: Francis Middle: John Last: Dilley
2. Date of Death: October 13, 1996
3. Sex: Male
4a. Age - Last Birthday (Years): 68
4b. Under 1 Year - Months:
4c. Under 1 Day - Hours:
4d. Minutes:
5. Date of Birth: Nov. 21, 1927
6a. County of Death: Black Hawk
6b. Facility Name (If not institution, give street and number): Allen Memorial Hospital
6c. City, Town or Location of Death: Waterloo
6d. Is Cremation Under Consideration?: Yes
6e. Place of Death (Check only one): [X] Hospital - Inpatient [ ] ER/Outpatient [ ] DOA [ ] Other - Nursing Home [ ] Residence [ ] Other (Specify)
7. Was Decedent of Hispanic Origin? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.: [X] NO [ ] YES Specify
8. Race - White, Black, American Indian, etc. (Specify): White
9. Decedent's Education - Specify only highest grade completed: 6
10. Birthplace (City & State or Foreign Country): Frederika, Iowa
11. Citizen of What Country: USA
12a. Married, Never Married, Widowed, Divorced (Specify): Married
12b. Surviving Spouse (If wife, give maiden name): Doris Fairbanks
13. Social Security Number: [redacted]
14a. Usual Occupation (Give kind of work done during most of working life. Do not use retired): Heavy Equipment Operator
14b. Kind of Business/Industry: Sand & Gravel Co.
15. Was Decedent Ever in U.S. Armed Forces?: Yes
16a. Residence - State: Iowa
16b. County: Black Hawk
16c. City, Town or Location: LaPorte City
16d. Street and Number of Residence: 10907 LaPorte Rd.
16e. Inside City Limits?: No
17. Father's Name - First: Frank Middle: Last: Dilley
18. Mother's Name - First: Olga Middle: Maiden: Mohlstead
19a. Informant's Name: Doris L. Dilley
19b. Mailing Address (Street and Number or R.F.D. Route Number, City or Town, State, Zip Code): 10907 LaPorte Rd., LaPorte City, Iowa 50651
20a. Method of Disposition: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. Place of Disposition (Name of Cemetery, Crematory, or other place): Garden of Memories
20c. Location - City or Town, State: Waterloo, Iowa
21a. Funeral Director - Signature: William [illegible], II
21b. License Number: 2596
21c. Funeral Home - Name and Address (Street and Number or R.F.D. Route Number, City or Town, State, Zip Code): Parrott & Wood Funeral Home, 204 Commercial St., P.O. Box 996, Waterloo, Iowa 507040996
22a. Registrar - Signature: Donna M. Olsen
22b. Date Certificate Received by Registrar: DEC0387T 10/30/96
23. Manner of Death: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be determined
24a. Date of Injury (Mo. Day Yr.):
24b. Hour of Injury:
24c. Injury at Work? (Specify Yes or No):
24d. Describe How Injury occurred:
24e. Place of Injury (Specify at home, farm, street, factory, office building, etc.):
24f. Location (Street and Number or R.F.D. Route Number, City or Town, State, Zip Code):

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and manner as stated.

25a. (Signature and title): John C. Wiggans
25b. Date Signed (Mo. Day Yr.): 10/22/96
25c. Time of Death: 1:55 a.m.
26. Name and Title of Attending Physician (If other than certifier) (Type/Print):
27. Name and Address of Certifier (Physician or Medical Examiner) (Type/Print): John C. Wiggans, M.D., F.A.C.S., 152 West Dale Street Waterloo Iowa 50703

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Final disease or condition resulting in death — IMMEDIATE CAUSE (a): cardiogenic shock and hemorrhagic shock

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
(b) DUE TO (OR AS A CONSEQUENCE OF): rupture abd. aortic aneurysm
(c) DUE TO (OR AS A CONSEQUENCE OF): atherosclerosis
(d) DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval: Between Onset and Death:

PART II. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.

28. If Female, was there a pregnancy in the past 12 months? (Specify Yes or No):
29. Autopsy (Specify Yes or No):
30. Were autopsy findings available to complete cause of death? (Specify Yes or No):

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.

JUL 30 1998
DATE ISSUED

Patricia A. Moss
COUNTY RECORDER/REGISTRAR OF VITAL RECORDS

C0256341
FORM #588-0328C (1997)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

THIS IS NOT A CERTIFICATE UNLESS ISSUED BY THE COUNTY RECORDER/REGISTRAR OF VITAL RECORDS — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE