THE IOWA STATE BAR ASSOCIATION
Official Form No. P-201

Samuel H. Braland ISBA # 000000454

FOR THE LEGAL EFFECT OF THE USE OF THIS FORM, CONSULT YOUR LAWYER

DELAWARE COUNTY, IOWA
FILED
2005 JAN 20 AM 10: 03
BOOK 9006 PAGE 23
DEBORAH L. FENTON
DELAWARE CO. RECORDER

AUDITOR FEE $ 5.00
RECORDER FEE $ 12.00

Entered for taxation 25th day
of January A.D., 2005
Sharon McCurdy Auditor
By Deputy

87-61

ENV.

Preparer Information: Samuel H. Braland, 115 E. First Street, P.O. Box 370, Earlham, Iowa 50072 (515) 758-2267
Individual's Name | Street Address | City | Phone

SPACE ABOVE THIS LINE FOR RECORDER

Address Tax Statement : Margaret Sue Wallace
6600 N. 10th Street
Marion, Iowa 52302

COURT OFFICER DEED

IN THE MATTER OF

THE ESTATE OF

KEITH L. WALLACE, Deceased,

now pending in the Iowa District Court

in and for Linn County. ESPRO No. 30139

Pursuant to the authority and power vested in the undersigned, and in consideration of One Dollar(s) and other valuable consideration, the undersigned, in the representative capacity designated below, hereby Convey(s) to
Margaret Sue Wallace and Scott W. Wallace as Trustees of the KEITH L. WALLACE TRUST

the following described real estate in Delaware County, Iowa:

The real estate described on Exhibit "A" attached hereto and by this reference incorporated herein.

This deed is given pursuant to Article VI of the Last Will And Testament of Keith L. Wallace, deceased, to distribute assets of the Estate of Keith L. Wallace to the trustees of the Keith L. Wallace Trust established under Article VI of said Will. Monetary consideration is less than $500. This transfer is exempt from Iowa real estate transfer tax and declaration of value and groundwater hazard statement filing requirements pursuant to Sections 428A.2(20) and 428A.2(21), Code of Iowa.

Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine, feminine or neuter gender, according to the context.

Dated: December 29, 2004

By _____ Title

By _____ Title

Margaret Sue Wallace
Margaret Sue Wallace

As _____ *in the above entitled estate or cause.

As Executor *in the above entitled estate or cause.

*Executor, Administrator, Guardian, Conservator, Trustee, Referee, Commissioner, or Receiver

STATE OF IOWA, COUNTY OF MADISON, ss:

On this 29th day of December, 2004 before me, the undersigned, a Notary Public in and for said state, personally appeared
Margaret Sue Wallace

to me known to be the identical person(s) named in and who executed the foregoing instrument, and acknowledged that such person(s), as such fiduciary(ies), executed the same as the voluntary act and deed of such person(s) and of such fiduciary(ies).

Samuel H. Braland, Notary Public in and for said State

SAMUEL H. BRALAND
COMMISSION NO. 167127
MY COMMISSION EXPIRES
6/15/05

Exhibit "A"

The West One-half of the Northeast Quarter (W½ NE¼) and the East One-half of the Northwest Quarter (E½ NW¼) and the Northwest Quarter of the Southeast Quarter (NW¼ SE¼) and the West One-half of the Northeast Quarter of the Southeast Quarter (W½ NE¼ SE¼) and the South one (1) acre of the Southwest Quarter of the Northwest Quarter (SW¼ NW¼) of Section 1, Township 87 North, Range 4 West of the 5th P.M., Delaware County, Iowa.