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DEBORAH L. PEYTON, RECORDER/REGISTRA
DELAWARE COUNTY IOWA

2005-4563

STATEMENT OF ESCROW AGENT

THE IOWA STATE BAR ASSOCIATION
Official Form No. 163
Recorder's Cover Sheet

Preparer Information: (Name, address and phone number)
Timothy T. Schloss, 118 West Mission St., P.O. Box 560, Strawberry Point, IA 52076, Phone: (563) 933-2029

Taxpayer Information: (Name and complete address)
Perry F. & Elaine M. Sampson
2859 State Hwy 3
Colesburg, Iowa 52035

Return Document To: (Name and complete address)
Timothy T. Schloss
P.O. Box 560
Strawberry Point, Iowa 52076

Grantors:
Floyd A. Sampson & Gwenlyn Sampson

Grantees:
Perry F. Sampson & Elaine M. Sampson

Legal description: See Page 2

Document or instrument number of previously recorded documents:

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THE IOWA STATE BAR ASSOCIATION Official Form No. 163	Timothy T. Schloss ISBA # 0004861	FOR THE LEGAL EFFECT OF THE USE OF THIS FORM, CONSULT YOUR LAWYER

STATEMENT OF ESCROW AGENT

The undersigned states that there was deposited with the undersigned, as escrow agent, within the 180 days last past, an instrument of conveyance concerning real estate situated in Delaware County, Iowa described as:

All of the North 1/2 of the Southeast 1/4 of Section five, Township 90, North Range three, West of the fifth P.M., Delaware County, Iowa, except: Starting at a point 842' 7" East from the Northwest Corner of the North 1/2 of the Southeast 1/4, Section five, Township 90, North Range Three, West of the fifth P.M., Thence South 210' 9", Thence East 271' 2", Thence North 217', Thence West 295' to point of beginning.

in which Floyd A. Sampson & Gwenlyn Sampson of Colesburg, Delaware County, Iowa, is grantor and Perry F. Sampson & Elaine M. Sampson of Colesburg, Delaware County, Iowa, is grantee.

This statement is made and offered for recording in compliance with Section 558.44, Code of Iowa.

On this 27th day of December, 2005.

Timothy T. Schloss
Escrow Agent

STATE OF IOWA
COUNTY OF CLAYTON } ss.

On this 28th day of December, 2005, before me, a Notary Public, personally appeared Timothy T. Schloss, to me known to be the person(s) named in and who executed the foregoing instrument and acknowledged that ~~(she)~~ ~~(he)~~ (they) executed the same as ~~(her)~~ ~~(his)~~ (their) voluntary act and deed.

NOTARIAL SEAL IOWA
VALERIE N. PARIS
COMMISSION NUMBER 163056
MY COMMISSION EXPIRES:
12/2/06

Valerie N. Paris
Notary Public in and for the State of Iowa

STATE OF IOWA
COUNTY OF _____ } ss.

On this _____ day of _____, _____, before me, a Notary Public, in and for said county and state, personally appeared _____, to me personally known, who being by me duly (sworn) (affirmed) did say that (she) (he) (they) (is) (are) _____ of said (corporation) (association), that (the seal affixed to said instrument is the seal of said) (no seal has been procured by the said) (corporation) (association) and that said instrument was signed (and sealed) on behalf of the said (corporation) (association) by authority of its Board of (Directors) (Trustees) and the said _____ acknowledged the execution of said instrument to be the voluntary act and deed of said (corporation) (association) by it voluntarily executed.

_____
Notary Public in and for the State of Iowa

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