Entered for taxation 25 day
of September A.D., 2007
Carla K. Becker, Auditor
By D. Willman, Deputy
Parcel # 330-18-00-008.00
87-137

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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

AFFIDAVIT OF DEATH
TERMINATING LIFE ESTATE

THE IOWA STATE BAR ASSOCIATION
Official Form No. 179
Recorder's Cover Sheet

Preparer Information: (name, address and phone number)
Gary F. McClintock, 317 First Street East, Independence, IA 50644, Phone: (319) 334-6011

Taxpayer Information: (name and complete address)
Robert E. Kehrli, 603 Elizabeth Street, Earlville, IA 52041

Return Document To: (name and complete address)
Gary F. McClintock, 317 First Street East, Independence, IA 50644, Phone: (319) 334-6011

Grantors:
Doris C. Kehrli

Grantees:
Elmeda Ann Graves, Marjorie Rose Wetzel, Robert Earl Kehrli, William Francis Kehrli, David Charles Kehrli, Donald J. Kehrli, Audrey Marie Hoffman, and Michael J. Kehrli

Legal Description: See Page 2

Document or instrument number of previously recorded documents:

AFFIDAVIT OF DEATH
TERMINATING LIFE ESTATE

STATE OF IOWA, COUNTY OF BUCHANAN, ss:

I, Gary F. McClintock, being first duly sworn on oath, depose and state as follows:

1. That I was well and personally acquainted with Doris C. Kehrli and that the said Doris C. Kehrli died on or about the 22nd day of July, 2007, a copy of the certificate of death is attached, thereby terminating the LIFE ESTATE held by such decedent in the following described real estate:

All that part of the Northwest 1/4 of Section 18, Township 87 North, Range 5 West of the 5th P.M., lying South of the right-of-way of the Cedar Rapids, and Chicago, Railway Company except a tract of land described as commencing at the Northeast corner of said Northwest 1/4 and running thence South 26 rods, thence Northwesterly to a point on the North line of said Section 18 which is 16 rods West of the point of beginning, thence East 16 rods to the point of beginning, and except the North 16.33 chains of the East 3.675 chains of the Northwest 1/4 of the Northwest 1/4; and except beginning at a point in the Northeast 1/4 of the Northwest 1/4, Section 18, Township 87 North, Range 5 West of the 5th P.M., Delaware County, Iowa, where the South right-of-way line of the County Road which runs East from the State Highway No. 13 along the North line of said Section 18 intersects the Southeasterly right-of-way line of the Illinois Central Railroad, thence in an Easterly direction along said South right-of-way line of said County Road for a distance of 335 feet, thence in a Southerly direction at an angle of 90 degrees as measured clockwise from an extension of the last described line for a distance of 1,170 feet, thence in a Westerly direction at an angle of 90 degrees as measured clockwise from an extension of the last described line for a distance of 1,100 feet, thence in a Northerly direction at an angle of 90 degrees as measured clockwise from an extension of the last described line to a point intersecting the Southeasterly right-of-way line of the Illinois Central Railroad, thence in a Northeasterly direction along said right-of-way line to the point of beginning; and except a parcel of land located in Section 18, Township 87 North, Range 5 West of the 5th P.M., Delaware County, Iowa, as shown on Right of Way Plat Exhibit "A" attached hereto and by reference made a part hereof, described as beginning at the Southwest corner of the Southwest 1/4 of the Northwest 1/4 of said Section 18; thence North 364.3 feet along the West line of said Southwest 1/4 of the Northwest 1/4; thence South 80 degrees 28-1/2 minutes East, 196.2 feet; thence North 62 degrees 43-1/2 minutes East, 25.1 feet; thence North 13 degrees 54-1/2 minutes East, 16.6 feet; thence North 10 degrees 53-1/2 minutes East, 292.8 feet; thence North 0 degrees 58-1/2 minutes East, 542.7 feet to a point on the Southeasterly right of way line of the Illinois Central Railroad; thence North 50 degrees 20 minutes East, 262.0 feet along said right of way line; thence South 1 degree 09 minutes East, 168.2 feet; thence South 0 degrees 29 minutes East, 203.8 feet; thence Southerly 678.2 feet along a 2974.8 foot radius curve, concave Westerly and having a chord bearing South 7 degrees 22-1/2 minutes West; thence South 15 degrees 14

minutes West, 203.8 feet; thence South 15 degrees 54-1/2 minutes West, 122.6 feet to the South line of said Southwest 1/4 of the Northwest 1/4; thence S 89 degrees 51-1/2 minutes West, 317.1 feet along said South line to the point of begininng; containing 73.28 acres, more or less.

2. Title to the above real estate has passed to:
Elmeda Ann Graves, Marjorie Rose Wetzel, Robert Earl Kehrli, William Francis Kehrli, David Charles Kehrli, Donald J. Kehrli, Audrey Marie Hoffman, and Michael J. Kehrli by virtue of: a Court Officer Deed filed March 8, 2006 in Document No. 2006-895, which established life estate pursuant to Article III of the Last Will and Testament of Thomas Earl Kehrli

3. I hereby request that the auditor enter this information on the transfer books.

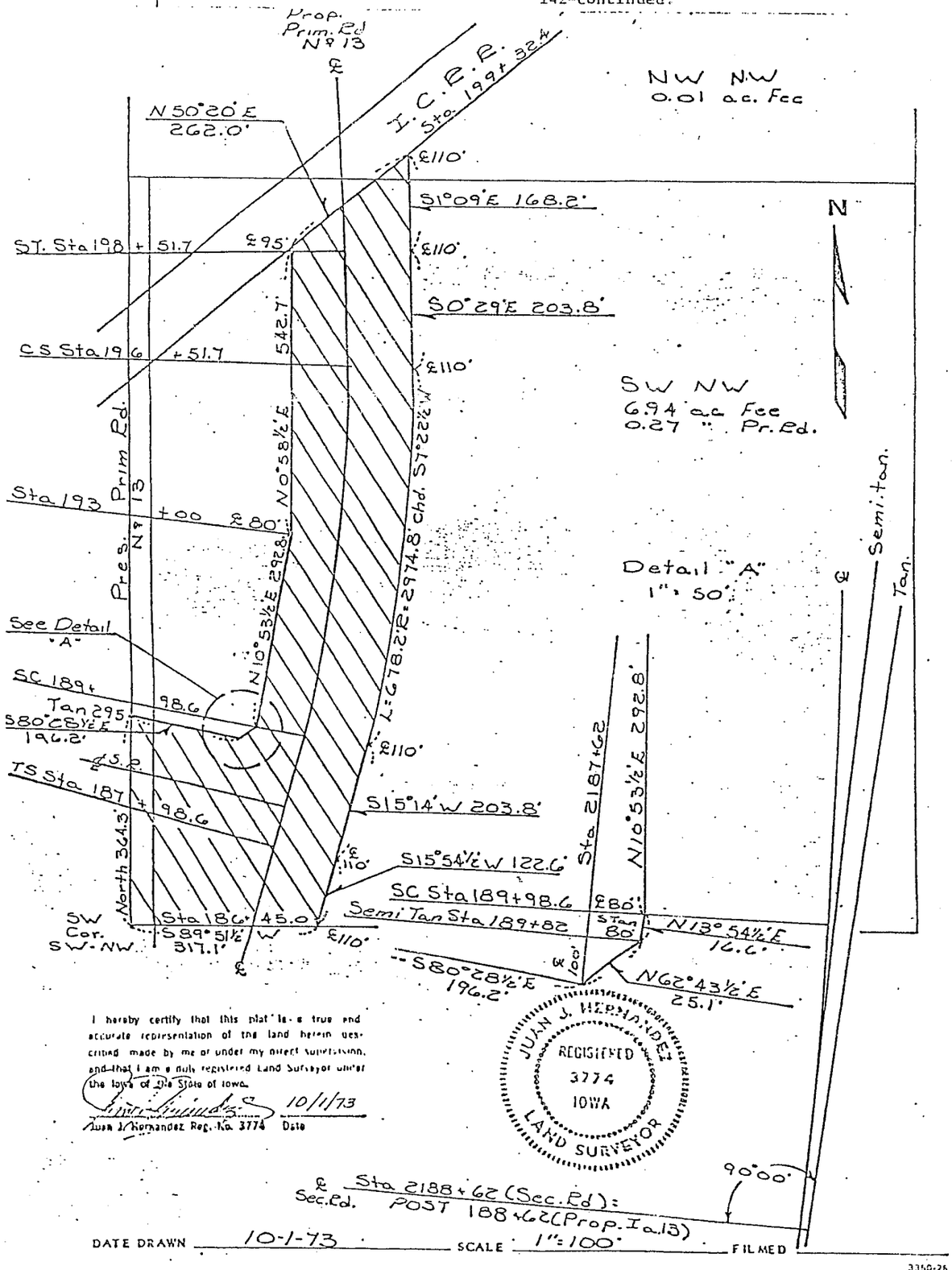
Gary F. McClintock

SUBSCRIBED AND SWORN TO before me this 20th day of September, 2007.

Joan K. Bantz
Notary Public in and for the State of Iowa

JOAN K. BANTZ
Commission Number 117513
My Commission Expires
8-31-2010

-142-continued.



I hereby certify that this plat is a true and accurate representation of the land herein described made by me or under my direct supervision, and that I am a duly registered Land Surveyor under the laws of the State of Iowa.

Juan J. Hernandez 10/11/73

Juan J. Hernandez Reg. No. 3774 Date

(Shown for reference only.)

Exhibit "A"

CERTIFICATE OF VITAL RECORD

STATE OF IOWA

County Record

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

BIRTH NUMBER 114-

TYPE IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

DECEDENT'S NAME	FIRST	MIDDLE	LAST	DATE OF DEATH (Mo., Day, Yr.)
1.	Doris	Caroline	Kehrli	2. July 22, 2007

SEX	AGE - LAST BIRTHDAY (Years)	UNDER 1 YEAR MOS.	UNDER 1 DAY DAYS	UNDER 1 DAY HRS.	UNDER 1 DAY MIN	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH
3. Female	4a. 91	4b.		4c.		5. Sept. 27, 1915	6a. Benton County

FACILITY NAME (If not institution, give street and number)	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (Specify yes or no)
6b. Rock Ridge Residential Center	6c. Shellsburg	6d. Yes

6e. PLACE OF DEATH (Check only one)
☐ Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)

USUAL RESIDENCE WHERE DECEDENT LIVED IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION; GIVE INSTITUTION ADDRESS AS RESIDENCE

WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.	RACE - White, Black American Indian, etc. (Specify)	DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
7. ☒ NO ☐ YES Specify:	8. White	9. 8	

BIRTHPLACE (City & State or Foreign Country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
10. Farley, IA	11. U.S.A.	12a. Widowed	12b. NA

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	KIND OF BUSINESS OR INDUSTRY	WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no)
[redacted]	14a. Homemaker	14b. Own-Home	15. NO

RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER OF RESIDENCE	INSIDE CITY LIMITS (Specify yes or no)
16a. Iowa	16b. Benton	16c. Shellsburg	16d. 400 Canton St. NW	16e. Yes

PARENTS

FATHER'S NAME	FIRST	MIDDLE	LAST	MOTHER'S NAME	FIRST	MIDDLE	MAIDEN
17.	William	Eligius	Schwendinger	18.	Mary	Elmeda	Kofmehl

INFORMANT

INFORMANT'S NAME	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
19a. Elmeda Graves	19b. 2293 Holiday Road, Coralville, IA 52241

BURIAL

20a. METHOD OF DISPOSITION	PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)	LOCATION (City or Town, State)
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. St. Joseph's Cemetery	20c. Farley, Iowa

FUNERAL DIRECTOR - SIGNATURE		F.D. LICENSE #
21a. ▶ Joseph C Reiff FD	Joseph C. Reiff	21b. 02224

21c. FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Reiff Funeral Home, 303 1st Ave NW, Farley, Iowa 52046

REGISTRAR

REGISTRAR - SIGNATURE	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
22a. ▶ Lera S. Speidel	22b. 8-9-07

23. MANNER OF DEATH	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	INJURY AT WORK? (Specify yes or no)	DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	24a.	24b. M.	24c.	24d.

PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)	LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)
24e.	24f.

CERTIFIER

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

25a. (Signature and title) ▶	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
[signature]	25b. 8/9/07	25c. 8:54a.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)
Dr. Rita Munjal, 1803 C Avenue, Vinton, Iowa 52349

CAUSE OF DEATH

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		Approximate Interval Between Onset and Death
(a)	CARDIOVASCULAR ACCIDENT	1 MO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF): (b)	FAILURE TO THRIVE	3 yrs
(c)	RESPIRATORY FAILURE	1 MO
(d)		

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

b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no)	AUTOPSY (Specify yes or no)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no)
NO	29a. NO	29b.

CFN 588-0021
Revised - 1/89
ITS:

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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.
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

8-9-07 BY Lera S. Speidel OF Benton
DATE ISSUED — COUNTY REGISTRAR OF VITAL RECORDS — COUNTY

C2537317

FORM #588-0328C (01/2005) **WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY**

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COUNTY REGISTRAR — IOWA — REGISTRATION OF VITAL STATISTICS

BURGESS BANK NOTE COMPANY — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE