Book 2016 Page 2349

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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

Entered for taxation 6th day
of September AD 2016
Cindy K. Barker Auditor
By [illegible] Deputy

TRUSTEE WARRANTY DEED

THE IOWA STATE BAR ASSOCIATION
Official Form No. 107
Recorder's Cover Sheet

Preparer Information: (Name, address and phone number)
Daniel H. Swift, 108 N. Madison, PO Box 207, Manchester, IA 52057, Phone: (563) 927-4901

Taxpayer Information: (Name and complete address)
Carl A. Johnson and Christie K. Johnson, 161 Delhi Road, Manchester, IA 52057

Return Document To: (Name and complete address)
Carl A. Johnson and Christie K. Johnson, 161 Delhi Road, Manchester, IA 52057

Grantors:
John E. Varmazen, Revocable Trust

Grantees:
Carl A. Johnson
Christie K. Johnson

Legal description: See Page 2

Document or instrument number of previously recorded documents:

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TRUSTEE WARRANTY DEED
(INTER-VIVOS TRUST)

For the consideration of 1.00 Dollar(s) and other valuable consideration, James E. Vermazen Trustee (Trustee) ~~(Co-Trustees)~~ of the John E. Vermazen, Revocable Trust does hereby convey to Carl A. Johnson and Christie K. Johnson, husband and wife, as joint tenants, with full rights of survivorship, not as tenants in common the following described real estate in Delaware County, Iowa: Parcel S, Part Of The SE 1/4 - NW 1/4, In Sec. 33, T89N, R5W, Of The Fifth P.M., City of Manchester, Delaware County, Iowa, according to plat recorded in Book 2012, Page 4196.

The grantor hereby covenants with grantees, and successors in interest, that grantor holds the real estate by title in fee simple; that grantor has good and lawful authority to sell and convey the real estate; that the real estate is free and clear of all liens and encumbrances, except as may be above stated; and grantor covenants to warrant and defend the real estate against the lawful claims of all persons, except as may be above stated.

The grantor further warrants to the grantees all of the following: That the trust pursuant to which the transfer is made is duly executed and in existence; that to the knowledge of the grantor the person creating the trust was under no disability or infirmity at the time the trust was created; that the transfer by the trustee to the grantees is effective and rightful; and that the trustee knows of no facts or legal claims which might impair the validity of the trust or the validity of the transfer.

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

Dated on 8/26/2016.

John E. Vermazen, Revocable Trust

By: _____ (title)

James E. Vermazen as Trustee of the John E. Vermazen Revocable Trust

By: _____ (title)

As (Trustee) ~~(Co-Trustee)~~ of The above entitled trust

As (Trustee) ~~(Co-Trustee)~~ of The above entitled trust

STATE OF CALIFORNIA, COUNTY OF _____

This record was acknowledged before me on _____, by James E. Vermazen as Trustee of the John E. Vermazen Revocable Trust.

_____
Signature of Notary Public

ARRON W. STANLEY
Commission No. 2156061
NOTARY PUBLIC-CALIFORNIA
ALAMEDA COUNTY
My Comm. Expires JULY 4, 2020

See CA Ack-

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ALL- PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of Alameda }

On 8-26-2016 before me, Arron W Stanley Notary Public
(Here insert name and title of the officer)

personally appeared James E Vermazen,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal:

Arron W Stanley
Notary Public Signature

(Notary Public Seal)

NCC1 ARRON W. STANLEY NCC1
Commission No. 2156061
NOTARY PUBLIC-CALIFORNIA
ALAMEDA COUNTY
My Comm. Expires JULY 4, 2020

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages ____ Document Date ____

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
- ☐ Corporate Officer

(Title)

- ☐ Partner(s)
- ☐ Attorney-in-Fact
- ☐ Trustee(s)
- ☐ Other ____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknolwedgents from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they,~~ is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
  - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.