Recorded: 10/20/2020 at 3:17:40.0 PM
County Recording Fee: $22.00
Iowa E-Filing Fee: $3.00
Combined Fee: $25.00
Revenue Tax:
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2020 PG: 3705

INDIVIDUAL TRUSTEE'S AFFIDAVIT

THE IOWA STATE BAR ASSOCIATION
Official Form No. 113
Recorder's Cover Sheet

Preparer Information: (name, address and phone number)
Larry L. Anfinson, 726 West Fourth Street, Waterloo, IA 50702, Phone: (319) 235-9507

Taxpayer Information: (name and complete address)
Mark E./Susan K. Goebel, 1047 170th Street, Masonville, IA 50654

Return Document To: (name and complete address)
Mark E./Susan K. Goebel, 1047 170th Street, Masonville, IA 50654

Grantor:
Cynthia Marie Taylor, Trustee

Grantees:
Mark E. Goebel
Susan K. Goebel

Legal Description: See Page 2

INDIVIDUAL TRUSTEE'S AFFIDAVIT

RE: Exhibit "A".

STATE OF CALIFORNIA, COUNTY OF SACRAMENTO ss:

I, Cynthia Marie Taylor, f/k/a Cynthia Taylor Gomez, f/k/a Cynthia Marie Taylor Gomez, a single person, being first duly sworn (or affirmed) under oath, state of our personal knowledge that:

1. I am the Trustee under the Trust dated December 13, 2010, to which the above-described real estate was conveyed to the Trustee by Cynthia Taylor Gomez, a/k/a Cynthia T. Gomez and W. Alexander Gomez, wife and husband,, pursuant to an instrument dated February 22, 2011, and recorded the 5th day of April, 2011, in Book 2011, Page 1158, and a Quit Claim Deed dated December 1, 2012, and recorded December 5, 2012, in Book 2012, Page 4155, both documents recorded in the Office of the Delaware County Recorder.

2. I am the presently existing Trustee under the Trust and I am authorized to transfer and convey the above described real estate to Mark E. Goebel and Susan K. Goebel, husband and wife, as joint tenants with full rights of survivorship and not as tenants in common, without any limitation or qualification whatsoever.

3. The Trust is in existence and I, as Trustee, am authorized to transfer the interest in the real estate as described in paragraph 2, free and clear of any adverse claims.

4. The grantor of the trust is alive.

5. The trust is revocable or, if the trust is irrevocable, none of the beneficiaries of the trust are deceased.

Cynthia Marie Taylor Affiant
f/k/a Cynthia Taylor Gomez
f/k/a Cynthia Marie Taylor Gomez

Signed and sworn to (or affirmed) before me on October 9, 2020, by Cynthia Marie Taylor, f/k/a Cynthia Taylor Gomez, f/k/a Cynthia Marie Taylor Gomez, asTrustee of the Gomez Family Trust.

See Attachment
Notary Public in and for the State of California

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

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 SACRAMENTO)

On 10/09/2020 before me, FREDI ESPARZA-ROESCH, NOTARY PUBLIC,
Date *Here Insert Name and Title of the Officer*

personally appeared Cynthia Marie Taylor
Name(s) of Signer(s)

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.

FREDI ESPARZA-ROESCH
Notary Public - California
Sacramento County
Commission # 2305102
My Comm. Expires Sep 14, 2023

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.

Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer — Title(s): _____	☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____

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EXHIBIT "A"

The Northwest Fractional Quarter (NWFr¼) of Section Seven (7), Township Eighty Nine (89) North, Range Six (6), West of the Fifth P.M.; except Parcel "C" part of the Northwest Fractional Quarter (NWfrl¼) of Section No. 7, Township No. 89 North, Range No. 6 West of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2012, Page 3968; and also except Parcel 2017-81, part of the Northwest Fractional Quarter in Section 7, Township 89 North, Range 6 West of the Fifth Principal Meridian, Delaware County, Iowa, according to plat recorded in Book 2017, Page 3087.