Recorded: 10/20/2020 at 3:17:42.0 PM
County Recording Fee: $27.00
Iowa E-Filing Fee: $3.00
Combined Fee: $30.00
Revenue Tax: $0.00
Delaware County, Iowa
Daneen Schindler RECORDER
BK: 2020 PG: 3706

TRUSTEE SPECIAL WARRANTY DEED

(Inter Vivos Trust)
THE IOWA STATE BAR ASSOCIATION
Official Form No. 108
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

Grantors:
Cynthia Marie Taylor, f/k/a Cynthia Taylor Gomez, f/k/a Cynthia Marie Taylor Gomez, as Trustee of the Gomez Family Trust

Grantee:
Mark E. Goebel
Susan K. Goebel

Legal Description: See Page 2

TRUSTEE SPECIAL WARRANTY DEED

(Inter Vivos Trust)

For the consideration of One ($1.00) Dollar(s) and other valuable consideration, Cynthia Marie Taylor, f/k/a Cynthia Taylor Gomez, f/k/a Cynthia Marie Taylor Gomez, as Trustee of the Gomez Family Trust do hereby convey 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, the following described real estate in Delaware County, Iowa:

See Exhibit "A". **Exemption: 428A.2(21)**

The grantor does hereby covenant with grantee, and successors in interest, to warrant and defend the real estate against the lawful claims of all persons claiming by, through or under grantor, 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 this Oct 9, ' , 2020

Gomez Family Trust

By: Cynthia M Taylor
Cynthia Marie Taylor
f/k/a Cynthia Taylor Gomez,
f/k/a Cynthia Marie Taylor Gomez
As Trustee of the Gomez Family Trust

STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This instrument was acknowledged before me on Oct 9, 2020 Cynthia M Taylor, 2020, by Cynthia Marie Taylor, f/k/a Cynthia Taylor Gomez, f/k/a Cynthia Marie Taylor Gomez, as Trustee 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.

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.

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

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.