



Document 2024 549

Book 2024 Page 549 Type 06 009 Pages 5

Date 3/14/2024 Time 10:25:08AM

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BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

**AFFIDAVIT - DEATH OF TRUSTEE
Recorder's Cover Sheet**

EV

**RECORDING REQUESTED BY AND
WHEN RECORDED, RETURN TO:**

NORMAN DOWLER, LLP
840 County Square Drive, 3rd Floor
Ventura, California 93003
File No.: 25221.001 mmi:gb
(805) 654-0911

MAIL TAX STATEMENTS TO:

Kiana Grant, Trustee of the Ruth A. Young Revocable Trust dated January 26, 2016
252 Petit Avenue
Ventura, California 93004

Grantor: Ruth A. Young Revocable Trust dated January 26, 2016

Grantee: Kiana Grant, Trustee of the Ruth A. Young Revocable Trust dated January 26, 2016

Property Information: 2 Farm Lots

Legal Description: See Exhibit "A" on Page 4

Parcel ID: 111-02-24-66020000

Instrument Number of Previously Recorded Document: 2016 434 recorded February 22, 2016

APN: 111-02-24-66020000

2 Farm Lots, Van Meter

AFFIDAVIT - DEATH OF TRUSTEE

Kiana Grant, Trustee of the Ruth A. Young Revocable Trust dated January 26, 2016, of legal age, being first duly sworn, deposes and says:

That Ruth Alice Young, the decedent Ruth Alice Young, mentioned in the attached certified copy of Certificate of Death, is the same person as Ruth A. Young, named as the Trustee in that certain Quitclaim Deed executed by Ruth A. Young recorded as Instrument No. 2016 434 on February 22, 2016, Official Records of Madison County, State of Iowa, covering the following described real property situated in the County of Madison, State of Iowa:

LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A",
INCORPORATED HEREOF BY THIS REFERENCE.

Kiana Grant, designated as the sole Trustee in the Ruth A. Young Revocable Trust dated January 26, 2016, shall succeed to all title of the Trustee, and to the trust estate as sole Trustee, and hereby accepts and shall have all the powers, rights, discretions, and obligations conferred on such Trustee by said trust instrument.

Kiana Grant, Trustee of the Ruth A.
Young Revocable Trust dated January
26, 2016

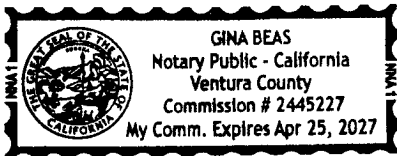
Date: 3/6, 2024.

Kiana Grant, Trustee
Kiana Grant, Trustee

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 VENTURA

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 6th day of March, 2024, by Kiana Grant, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Gina Beas

Notary Public

EXHIBIT "A"
LEGAL DESCRIPTION
Two farmland lots, Van Meter, Iowa
Madison County Parcel No. 110-02-24-6602000

I. Real property described as:

Commencing at a point 700 feet North and 336 feet East of the Southwest Corner of Section Twenty-four (24), township Seven-seven (77) North, Range Twenty-seven (27) West of the 5th P. M., Madison County, Iowa, running thence East 336 feet, thence South 700 feet to the South line of said Section, thence West along the West line of said Section 336 feet, thence North 700 feet to the Place of beginning, continuing in all

Approximately 5.4 acres.

II. Real property described as:

Commencing at the Southwest Corner of Section Twenty-four (24), Township Seventy-seven (77) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, running thence North along the West line of said Section 700 feet, thence East 336 feet, thence South 700 to the South line of said Section, thence West along the West line of said Section 336 feet to the place of beginning.

Including reservations, easements, covenants, etc., running with the land as follows:

"The grantor herein also grants the grantee the right to use water from any well existing on the Southwest Quarter (SW1/4) of the Southwest Quarter (SW 1/4) of Section Twenty-four (24), township Seven-seven (77) North, Range Twenty-seven (27) or to drill a new well on said Southwest Quarter (SW1/4) of the Southwest Quarter (SW 1/4). In addition thereto Grantor gives Grantee the right to install a pump in said well and to lay and maintain an underground pipe from said well to the above-described premises conveyed to the Grantee. Grantee shall pay all damages to crops occasioned by drilling said Well, laying and maintaining said waterpipe. This right shall be considered to be a covenant running with the land herein conveyed to the grantee".

Approximately 5.4 acres

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

County of Ventura
 VENTURA, CALIFORNIA

3052023277824

CERTIFICATE OF DEATH

3202356006011

STATE FILE NUMBER 3052023277824		LOCAL REGISTRATION NUMBER 3202356006011	
1. NAME OF DECEDENT - FIRST, MIDDLE, LAST RUTH		3. MIDDLE ALICE	
2. MIDDLE ALICE		3. LAST (PARENT) YOUNG	
4. DATE OF BIRTH mm/dd/yyyy 05/10/1937		5. AGE Yrs 86	
6. SEX F		7. DATE OF DEATH mm/dd/yyyy 12/19/2023	
8. HOURS (24 hours) 0745		9. MARRIAGE STATUS at time of death WIDOWED	
10. EDUCATION - Highest Level (Specify) BACHELOR		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. DECEASED'S RACE - Use to 3 males only for listed race worksheet on back CAUCASIAN		13. MARRIAGE STATUS at time of death WIDOWED	
14. USUAL OCCUPATION - Type of work for most of life. DO NOT USE DEFINED REGISTERED NURSE		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MEDICAL	
16. YEARS IN OCCUPATION 10		17. DECEASED'S RESIDENCE (Street and number, or location) 252 PETIT AVENUE	
18. CITY VENTURA		19. COUNTY (ORIGIN) VENTURA	
20. ZIP CODE 93004		21. YEARS IN COUNTY 55	
22. STATE (ORIGIN) COUNTRY CA		23. INFORMANT'S NAME, RELATIONSHIP KIANA MARISSA MACKLIN GRANT, DAUGHTER	
24. INFORMANT'S ADDRESS (Street and number, or rural route number, city or town, state and zip) 252 PETIT AVENUE, VENTURA, CA 93004		25. NAME OF SURVIVING SPOUSE (SPOP - FIRST, MIDDLE, LAST (BIRTH NAME)) -	
26. NAME OF FATHER (PARENT - FIRST, MIDDLE, LAST) FRANCIS JOSEPH MCALLISTER		27. NAME OF MOTHER (PARENT - FIRST, MIDDLE, LAST) ALICE AMELIA ROACH	
28. DISPOSITION DATE mm/dd/yyyy 12/21/2023		29. PLACE OF FINAL DISPOSITION PLEASANT RIDGE CEMETERY 5 ORILLA ROAD, LINN TOWNSHIP, IA 50061	
30. TYPE OF DISPOSITION TRANSIT/BURIAL		31. SIGNATURE OF EMBALLER LYNNSEY M STALLINGS	
32. NAME OF FUNERAL HOME OR CREMATION SERVICE JOSEPH P. REARDON FUNERAL HOME & CREMATION SERVICE		33. LICENSE NUMBER EMB9664	
34. LICENSE NUMBER FD883		35. SIGNATURE OF LOCAL REGISTRAR ROBERT M LEVIN MD	
36. DATE 12/20/2023		37. DATE 12/20/2023	
38. COUNTY VENTURA		39. CITY VENTURA	
40. STREET ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5445 EVERGLADES ST		41. CITY VENTURA	
42. CAUSE OF DEATH RESPIRATORY ARREST		43. IMMEDIATE CAUSE IMMED	
44. METASTATIC LYMPHOMA TYPE UNSPECIFIED		45. 2 MOS	
46. END STAGE CHRONIC LYMPHOCYTIC LEUKEMIA, SEVERE NEUTROPENIA, DEMENTIA TYPE UNSPECIFIED, DIABETES MELLITUS TYPE 2, HYPERTENSION		47. 111 YES (POSTERIOR CAUSE?) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
48. SIGNATURE AND TITLE OF CERTIFIER ROBERT J DEKKERS, MD		49. LICENSE NUMBER A40656	
50. TYPE ATTENDING PHYSICIAN'S NAME, ADDRESS, ZIP CODE ROBERT J DEKKERS, MD 243 MARCH ST, SANTA PAULA, CA 93060		51. DATE 12/20/2023	
52. MANNER OF DEATH <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OTHER		53. BLINDED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
54. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		55. BLIND AT BIRTH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
56. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)		57. HOUR (24 hours)	
58. LOCATION OF INJURY (Street and number, or location, and city and state)		59. SIGNATURE OF CORONER / DEPUTY CORONER	
60. SIGNATURE OF CORONER / DEPUTY CORONER		61. DATE mm/dd/yyyy	
62. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		63. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF VENTURA

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Ventura County Public Health Department, if it bears the date of issue in red ink.



DATE ISSUED

12/21/2023

Robert J Dekkers
 HEALTH OFFICER
 VENTURA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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