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INDX **ANNO SCAN**

LISA SMITH, COUNTY RECORDER MADISON IOWA

CHEK

©THE IOWA STATE BAR ASSOCIATION		•	FOR THE LEGAL EFFECT OF THE USE OF
official Form No. 106 - May 2006	Lewis H. Jon		THIS FORM, CONSULT YOUR LAWYER
Return To: <u>Lewis H. Jordan, Pos</u> Preparer: Lewis H. Jorda <u>n, Pos</u> t	st Office Box 230, Winter		<u>5) 462-3731</u> () 462-3731
axpayer: Casey's Marketing Co			
STANS.	•	-	
A COLUMN TO THE PROPERTY OF TH	QUIT CLAIM		
For the consideration of <u>-</u> Scott Meyer and Erica Meyer,		Dollar(s) and	d other valuable consideration
		· · · · · · · · · · · · · · · · · · ·	do hereb
Quit Claim to <u>Casey's Marketing</u>	Company		all
our right, title, interest, estate, clai	m and demand in the follo	wing real estate in	MADISON
County, lowa: Lot Four (4) of Replat of Lot The The consideration for this transfe Statement is required. Each of the undersigned h to the real estate. Words and photographic and as a Scott Meyer	er is less than \$500.00; the nereby relinquishes all righ nrases herein, including ac	erefore, no Declaration its of dower, homestea cknowledgment hereof	n of Value or Ground Water ad and distributive share in and f, shall be construed as in the
<u> </u>	(Grantor)		· (Grantor
	Market Market 18		and the second of the second o
STATE OF <u>CALIFORNIA</u> This instrument was acknowledge Meyer	, COUNTY OF d before me on		, by Scott Meyer and Erica
(1)			
Rie Ala	rched		, Notary Publi
			•
		(This form of acknowl	edgment for individual grantor(s) only

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

	•	
State of California County of Low Ougelland	. }	
County of ACRUMATION	ــــــــــــــــــــــــــــــــــــــ	
On 3//7/08 before me,	Versing:	A NOTARY PUBLIC
On before me,	Here insert Name and Tille of th	e Officer
personally appeared <u>scott</u> Me	yes & Erica	meer
6	Name(s) of Signer(s)	
D. KESSINGER Commission # 1596614 Notary Public - California Los Angeles County My Comm. Expires Aug 20, 2009	who proved to me on the basis be the person(s) whose name(s) within instrument and ackre he/she/they executed the same capacity(ies), and that by his/he/shrument the person(s), or the which the person(s) acted, exerciting under PENALTY OF For the State of California that the true and correct.	s) is/are subscribed to the nowledged to me that in his/her/their authorized by/their signature(s) on the ne entity upon behalf of cuted the instrument. PERJURY under the laws
Place Notary Seal Above OPTIC	ONAL —	of Notary Public
Though the information below is not required by law, it makes and could prevent fraudulent removal and real	nay prove valuable to persons relying o ttachment of this form to another docu	on the document ment.
Description of Attached Document		
Title or Type of Document:	·	
Document Date:	Number of Pages	5:
Signer(s) Other Than-Named Above:	_	
-Signer(s) Other High-Named Above.		
Capacity(ies) Claimed by Signer(s)	•	
Signer's Name: Individual Corporate Officer — Title(s): Partner — Limited General Attorney in Fact Trustee Guardian or Conservator Other: Other:	Signer's Name: Individual Corporate Officer — Title(s) Partner — Limited Ge Attorney in Fact Trustee Guardian or Conservator Other:	neral RIGHT HUMBPRINT DE SIGNER Top of thumb here
Signer Is Representing:	Signer Is Representing:	ļ į