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FILED NO. _____
BOOK 2002 PAGE 2133

2002 MAY -2 PH 3:49

MICKI UTSLER
RECORDER
MADISON COUNTY, IOWA

REC \$ 30⁰⁰
AUD \$ _____
R.M.F. \$ 1⁰⁰

COMPUTER
RECORDED
COMPARED

Prepared By: Lewis H. Jordan, POB 230, Winterset, IA 50273

Telephone: 515/462-3731

AFFIDAVIT

STATE OF IOWA

:ss

I, Amy Clarkson, also known as Amy H. Clarkson, being first duly sworn on oath depose and say:

My late husband, Robert E. Clarkson, and myself were Mortgagees of a certain Real Estate Mortgage executed by Bill P. Palmer dated December 11, 1986, and filed for record December 16, 1986, at Mortgage Record 147, Page 91 in the office of the Madison County Recorder, covering the following-described real estate, to-wit:

Lot Twelve (12) in Block One (1) of Benjamin Linzey (also known and referred to as Lindsey's) Addition to the Town of Winterset, Madison County, Iowa,.

That my late husband, Robert E. Clarkson, died on the 15 day of July, 1994, a resident of Cedar County, Missouri, as set forth in the attached copy of death certificate, marked Exhibit "A".

That he left a Will, a copy of which is attached hereto and by this reference made a part hereof, marked Exhibit "B", leaving all of his property to the undersigned.

That no estate was opened for the said Robert E. Clarkson; that said Will was filed with the Circuit Court of Cedar County, Missouri, on July 20, 1994, without present administration.

That thereafter, in my own right and as the sole devisee of the Will of the said Robert E. Clarkson, deceased, I did, on August 31, 1995, execute a Release of the Mortgage described above, which Release was filed for record September 6, 1995, at Mortgage record 178, Page 176, in the office of the Madison County Recorder.

Amy H. Clarkson
Amy Clarkson

Subscribed and sworn to before me by the said Amy Clarkson on this 30 day of April, 2002.

Carol Landis
Notary Public in and for the State of Iowa



TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK.

MISSOURI DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 167 REGISTRAR'S NUMBER 156 124 - 1. DECEDENT'S NAME (First, Middle, Last) Robert Earl Clarkson 2. SEX Male 3. DATE OF DEATH (Month, Day, Year) July 15, 1994 4. SOCIAL SECURITY NO. [REDACTED] 5a. AGE - Last Birthday (Years) 72 5b. UNDER 1 YEAR MONTHS 5c. UNDER 1 DAY HOURS MINUTES 6. DATE OF BIRTH (Month, Day, Year) October 20, 1921 7. BIRTHPLACE (City and State or Foreign Country) Winterset, Iowa 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? [X] Yes [] No [] Unk. 9a. PLACE OF DEATH (check only one; see instructions on other side) HOSPITAL: [] Inpatient [] ER/Outpatient [] DOA OTHER: [] Nursing Home [] Residence [] Other (specify) 9b. FACILITY NAME (if not institution, give street and number) CITIZENS MEMORIAL HOSPITAL 9c. CITY, TOWN, OR LOCATION OF DEATH Bolivar 9d. COUNTY OF DEATH Polk 10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married 11. SURVIVING SPOUSE'S NAME (if wife, give full maiden name) Amy H Soli 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Lineman 12b. KIND OF BUSINESS OR INDUSTRY Telephone 13a. RESIDENCE - STATE Missouri 13b. COUNTY Cedar 13c. CITY, TOWN, OR LOCATION Stockton 13d. ZIP CODE 65785 13e. STREET AND NUMBER Rt 4 Box 205A 13f. INSIDE CITY LIMITS [] Yes [X] No 13g. YEARS AT PRESENT ADDRESS [] Under 5 [] 5-9 [X] 10-19 [] 20 or more 14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) [X] No [] Yes Specify: 15. RACE - American Indian, Black, White, etc. (Specify) White 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) John W Clarkson 18. MOTHER'S NAME (First, Middle, Maiden Surname) Merle Benham 19a. INFORMANT'S NAME (Type/Print) Amy Clarkson 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt 4 Box 205A Stockton, MO 65785 20a. BURIAL, CREMATION, OTHER (Specify) Cremation 20b. DATE OF DISPOSITION (Month, Day, Year) Jul. 19, 1994 20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Greenlawn Funeral Home North Springfield, Mo. 20d. LOCATION - City or Town, State 21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature] 22. NAME AND ADDRESS OF FACILITY BRUMBACK FUNERAL HOME 306 S HIGH, STOCKTON, MO 65785 22b. FUNERAL ESTABLISHMENT LICENSE NUMBER 2231 23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Severe inanition DUE TO (OR AS A CONSEQUENCE OF): b. metastatic renal carcinoma DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST 23. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. C.O.P.D. Bilateral pneumonia 24. IF DECEASED WAS FEMALE 10-49. WAS SHE PREGNANT IN THE LAST 90 DAYS? [] Yes [] No [] Unk. 25a. WAS AN AUTOPSY PERFORMED? [] Yes [X] No 25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [] Yes [] No 26. MANNER OF DEATH [X] Natural [] Pending Investigation [] Accident [] Suicide [] Could not be Determined [] Homicide 27a. DATE OF INJURY (Month, Day, Year) 27b. TIME OF INJURY M 27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) [] Yes [] No [] Unk. 27d. INJURY AT WORK? [] Yes [] No [] Unk. 27e. DESCRIBE HOW INJURY OCCURRED 27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify) 27g. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. (Specify) [X] CERTIFYING PHYSICIAN [] MEDICAL EXAMINER/CORONER [Signature and Title] Steven R. Barcoher, DO 28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature] S. R. Barcoher 28c. DATE SIGNED (Month, Day, Year) 7/18/94 28d. TIME OF DEATH 11:20 P M 29. MO. LICENSE NUMBER DORIE079 30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? [] Yes [X] No 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 32. REGISTRAR'S SIGNATURE [Signature] Jeta Campbell 33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) July 18, 1994

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT. (Do not accept if rephotographed, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.315, RSMo 1986)

STATE OF MISSOURI } ss I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health this date of

July 20, 1994

Jeta Campbell by mfp Registrar of Vital Statistics

Last Will and Testament

FILED
Circuit Court Cedar County, MO

JUL 20 1986

ASSOCIATE/PROBATE

OF

ROBERT E. CLARKSON

I, Robert E. Clarkson, presently of Rt. 4, Box 205A, Stockton, Missouri, being of sound and disposing mind and memory, do hereby make, publish and declare this instrument to be my Last Will and Testament and hereby revoke all former Wills and Codicils by me made.

I.

I direct the payment of all my lawful debts, and the expenses of my last illness and funeral, as soon as practicable after my death.

II.

I declare that I have four children, namely, Sharon L. Royer, Kathy A. Thompson, Debra K. Clarkson and Nancy J. Baker.

III.

Subject to the payment of my debts, I give, devise and bequeath all of my property wherever located and of whatever nature to my wife, Amy H. Clarkson, if living; if not then to my children in equal shares, if living; if not then to the issue of any such deceased child who may be living at my death to take by right of representation the share to which the parent would have been entitled to if living.

IV.

I hereby nominate and appoint my wife, Amy H. Clarkson, Personal Representative of this my Last Will and Testament and I request that she be permitted to serve as such without bond. If for any reason she does not act as such, I nominate and appoint my daughter, Sharon L. Royer, Personal Representative, without bond, and if for any reason she does not act as such, I nominate and appoint my daughter, Debra K. Clarkson, Personal Representative, without bond.

In Witness Whereof, I have hereunto set my hand to this my Last Will and Testament this 23rd day of July, 1986.

Robert E. Clarkson

Robert E. Clarkson

The foregoing instrument was at the date thereof signed and declared by the said Robert E. Clarkson to be his Last Will and Testament in the presence of us, who at his request and in his presence and in the presence of each other have subscribed our names as witnesses thereto.

Jonita Nickels residing at Stockton, Missouri

Georgia Higgins residing at Stockton, Missouri

STATE OF MISSOURI)
) SS.
COUNTY OF CEDAR)

I, Joe W. Collins, the undersigned, an officer authorized to administer oaths, certify that Robert E. Clarkson, the testator, and Jonita Nickels and Georgia Higgins, the witnesses respectively, whose names are signed to the foregoing instrument, having appeared together before me and having been first duly sworn, each then declared to me that the testator signed and executed the instrument as his last will, and that he had willingly signed, in the presence of the witnesses, and that he executed it as his free and voluntary act for the purposes therein expressed; and that each of the witnesses, in the presence and hearing of the testator, and each other, signed the will as witness and that to the best of his and the witnesses' knowledge the testator was at that time eighteen or more years of age, of sound mind, and under no constraint or undue influence.

In Witness Whereof, I have hereunto subscribed my name and affixed my official seal this 23rd day of July, 1986.

(SEAL)

Joe W. Collins
Joe W. Collins, Notary Public
My term expires: January 26, 1989.
JOE W. COLLINS Notary Public
Cedar County State of Missouri
My Commission Expires Jan. 26, 1989

STATE OF MISSOURI, }
COUNTY OF CEDAR } ss.

I, Melinda Gumm, Clerk of the Circuit Court of Cedar County, Missouri do hereby certify the foregoing to be a true and correct copy of the record, as appears in my office.

IN TESTIMONY WHEREOF, I
hereunto set my hand and
affix the official seal of
the Circuit Clerk this
26th day of
April,
20 02
Melinda Gumm
Melinda Gumm, Circuit Clerk of Cedar County

