

FILED NO. 002765

BOOK 2002 PAGE 2765

2002 JUN -6 PM 3:46

MICKI UTSLER
RECORDER
MADISON COUNTY, IOWA

REC \$ 25⁰⁰
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



MISSOURI DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 167

REGISTRAR'S NUMBER 156

124 -

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK,
 FOR
 INSTRUCTIONS
 ON OTHER SIDE
 OF HANDBOOK.

DECEDENT

300
 4-90
 580-0895
 90)

FOR USE BY PHYSICIAN OR INSTITUTION
 NAME OF DECEDENT

PARENTS

INFORMANT

DISPOSITION

SEE INSTRUCTIONS ON OTHER SIDE

USE OF DEATH

CERTIFIER

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: _____ DAYS: _____	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.		9a. PLACE OF DEATH (check only one; see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13g. YEARS AT PRESENT ADDRESS <input type="checkbox"/> Under 5 <input type="checkbox"/> 5-9 <input checked="" type="checkbox"/> 10-19 <input type="checkbox"/> 20 or more			
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 		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):				Approximate Interval Between Onset and Death weeks		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST		b. metastatic renal carcinoma DUE TO (OR AS A CONSEQUENCE OF):				months.		
		c. _____ DUE TO (OR AS A CONSEQUENCE OF):						
		d. _____ DUE TO (OR AS A CONSEQUENCE OF):						
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.		25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No				
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		27a. DATE OF INJURY (Month, Day, Year)	27b. TIME OF INJURY M	27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	27d. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER/CORONER		28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			28c. DATE SIGNED (Month, Day, Year) 7/18/94	28d. TIME OF DEATH 11:20 P M		
28e. ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Steven R. Batcher, DO 1306 South Street Stockton MO 65785				29b. MO. LICENSE NUMBER DORIE079	30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			32. REGISTRAR'S SIGNATURE 		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 29, 1994

Neta Campbell
 Registrar of Vital Statistics

Exhibit "A"

MO 580-1103 (7-89)

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

Exhibit "B"

