

AFFIDAVIT

REC \$ 15.00
AUG. \$ 5.00
R.M.F. \$ 1.00

FILED NO. 2291

BOOK 43 PAGE 840

97 FEB 28 AM 11:34

STATE OF UTAH)
 SS
COUNTY OF Cache)

COMPUTER
RECORDED
COMPARED

MICHELLE UTSLER
RECORDER
MADISON COUNTY, IOWA

I, MILFORD L. WHITWORTH aka MELFORD WHITWORTH, being first duly sworn on oath, depose and say:

That I am a citizen of the United States of America over the age of 21 years, and a resident of North Logan, County of Cache, State of Utah.

That I was well and personally acquainted with RANSOM A. BALLARD in that certain Warranty Deed dated August 10, 1940 and recorded August 11, 1949 in Book 83, at Page 624, as Filing No. 4254, in the office of the Recorder of Madison County, Iowa.

That I know of my own knowledge that R.A. BALLARD in the said deed and RANSOM A. BALLARD mentioned in the attached Certified Copy of Certificate of Death was one and the same person.

This affidavit is intended to terminate the Life Estate of said RANSOM A. BALLARD in the following described property:

The North Seven (7) acres of the South Twenty-two (22) acres of the West Half (1/2) of the Northwest Quarter (1/4) of Section Twenty-One (21), in Township Seventy-Four (74) North, of Range Twenty-Nine (29) West of the 5th. P.M. Madison County, Iowa.

Milford L. Whitworth
MILFORD L. WHITWORTH aka
MELFORD WHITWORTH

STATE OF UTAH)
 SS
County of CACHE)

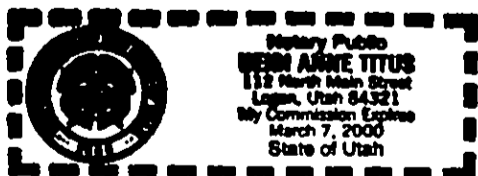
On the 24th day of January A.D. 1997, personally appeared before me,

MILFORD L. WHITWORTH aka MELFORD WHITWORTH

the signer of the within instrument, who duly acknowledged to me that he executed the same.

[Signature]
Notary Public

Commission expires: 03-07-2000
Residing in: LOGAN



cc

IOWA STATE DEPARTMENT OF HEALTH
Division of Vital Statistics

CERTIFICATE OF DEATH
STATE OF IOWA

State File No. 61-9-55

Birth No. [redacted] County Madison
1. PLACE OF DEATH
a. County Madison
b. City (if outside corporate limits, write RURAL and give township) Winterset
c. Length of stay (in days) 78 years
d. Full Name of (if not in hospital or institution, give street address or location) Peterson Nursing Home
2. USUAL RESIDENCE (Where deceased lived, if nonresident, residence before admission.)
a. State IOWA
b. County MADISON
c. City (if outside corporate limits, write RURAL and give township) MACKSBURG
d. Street Address (if rural, give location) RURAL

3. NAME OF (Type or Print) RANSOM a. (First) A. b. (Middle) BALLARD c. (Last)
4. Date of Death (Month) (Day) (Year) AUG. 10, 1949
5. Sex MALE 6. Color or Race White 7. Married, Never Married, Widowed, Divorced (Specify) Widowed
8. Date of Birth 10-2-1870 9. Age (in years) (last birthday) 78 10. Under 1 Yr. (Month) (Day) (Hour) (Min)
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) FARMING 10b. Kind of Business or Industry FARM 11. Birthplace (State or foreign country) IOWA 12. Citizen of What Country? USA

13. Father's Name SAMUEL T. BALLARD 14. Mother's Maiden Name MARTHA E. ARSMITH
15. Was Deceased Ever in U.S. Armed Forces? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE 16. Social Security No. NONE 17. INFORMANT'S SIGNATURE L M W Whitworth

18. Cause of Death
Enter only one cause per line for (a), (b), and (c)
1. Disease or Condition Directly Leading to Death* (a) Nonbacterial Meningitis
Antecedent Causes: Anemia, secondary, severe
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
Due to (b) None Due to (c) None
2. Other Significant Conditions
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Metastatic Heart Disease with Myocardial Infarction
Interval Between Onset and Death 1 week - 2 months

19a. Date of Operation _____ 19b. Major Findings of Operation _____ 19c. Autopsy? Yes No

20a. Accident (Specify) Spindle Hemorrhage 20b. Place of Injury (e.g., in or about home, farm, factory, street, office, bldg., etc.) _____ 20c. (City, Town, or Township) _____ (County) _____ (State) _____
21d. Time of Injury (Month) (Day) (Year) (Hour) (Minute) _____ 21e. Injury Occurred While at work Not while at work 21f. New Old Injury Occur? _____

22. I hereby certify that I attended the deceased from Sept 20, 1949 to August 10, 1949, that I last saw the deceased alive on August 10, 1949, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

23a. ATTENDANT'S SIGNATURE Paul F. Charnot M.D. (Degree or title) 23b. Address Winterset, Iowa 23c. Date Signed Aug. 12, 1949

24a. Burial, Cremation, Removal (Specify) Journal 24b. Date Aug 12, 49 24c. Name of Cemetery or Crematory noon cemetery 24d. Location (City, town, or county) Macksburg Iowa

25. FUNERAL DIRECTOR'S SIGNATURE Stanley Walter Murray License Number 3134

26. Date Rec'd by Local Registrar _____ REGISTRAR'S SIGNATURE Chela Allen File Number 51

USE TYPEWRITER OR DARK UNFADING INK

WRITE Cause

Accident

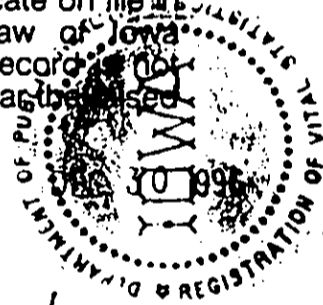
Injury

33

23

12/27/1996

I hereby Certify that the reverse side is a true and correct copy made of the original certificate on file in this office in accordance with the law of Iowa requiring filing of Vital Records. This record is not valid if it has been altered or does not bear the seal of the Department of Public Health.



David J. Fries
David J. Fries
Deputy State Registrar