1334 Compared FILED NO. BOOK 54 PAGE 110

1988 FEB - 1 PH 2:59

MARY E. WELTY RECORDER

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|                                                                             |                                                                                                                                                                                                  | - a strictin CUHMI V tu A'            |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                                                                             |                                                                                                                                                                                                  | Fee \$10.00, Trans.                   |
| <u>(a)</u> :                                                                | COURT OFFICER DEED                                                                                                                                                                               | SPACE ABOVE THIS LINE<br>FOR RECORDER |
| IN THE MATTER OF THE E                                                      | ESTATE                                                                                                                                                                                           |                                       |
| OF HELEN M. WATTS, Dec                                                      | ceased                                                                                                                                                                                           |                                       |
|                                                                             |                                                                                                                                                                                                  |                                       |
| now pending in the lowa District Co                                         | ourt                                                                                                                                                                                             |                                       |
| in and for <u>Madison</u>                                                   | County. Probate                                                                                                                                                                                  | No. 9332                              |
| Pursuant to the authority and p                                             | power vested in the undersigned, and in considerati                                                                                                                                              | on of <u>One(\$1.00)</u>              |
| Convey toWAYNE L. MANNI                                                     | sideration, the undersigned, in the representative of ING                                                                                                                                        |                                       |
| the following described real estate                                         | in Madison                                                                                                                                                                                       | County, lowa:                         |
|                                                                             |                                                                                                                                                                                                  | — County, Iowa.                       |
| six (36) in Townsh West of the 5th P. and public uses of The purpose of thi | the Northeast Quarter (1/4) of Sectinip Seventy-six (76) North, Range Tw.M., Madison County, Iowa, subject to record.  Is Deed is to correct a defect in the consideration for this transaction. | enty-eight (28)<br>o all easements    |
|                                                                             |                                                                                                                                                                                                  |                                       |
|                                                                             |                                                                                                                                                                                                  |                                       |
| •                                                                           |                                                                                                                                                                                                  |                                       |
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|                                                                             |                                                                                                                                                                                                  |                                       |
|                                                                             |                                                                                                                                                                                                  |                                       |
| Words and phrases herein, inc<br>and as masculine, feminine or neut         | cluding acknowledgment hereof, shall be construed<br>ter gender, according to the context.                                                                                                       | as in the singular or plural number,  |
| Dated:                                                                      | Harry B. Wetts                                                                                                                                                                                   | 13 Waster                             |
|                                                                             | - Assaul D                                                                                                                                                                                       | With the                              |
| Ву                                                                          | Title Larry D. Watts                                                                                                                                                                             | 10@CC                                 |
| By                                                                          |                                                                                                                                                                                                  |                                       |

\*Executor, Administrator, Guardian, Conservator, Trustee, Referee, Commissioner, or Receiver

As\_

Co-Executors

tled estate or cause.

Title

 $_{-}$  \* in the above enti-

Use space for corporate fiduciary, Insert official titles with names.

tled estate or cause.

As.

\_\* in the above enti-

| STATE OF IOWA,                        |                         | MADISON         |                                                                   |                                                                                       | COUNTY, ss:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |  |
|---------------------------------------|-------------------------|-----------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|
| On this                               | 27_                     | _ day of        | Jan                                                               | , 19 <u>88</u>                                                                        | _ before me, the undersig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ned, a Notary Public                              |  |
| n and for the State                   | of lowa,                | personally a    | ppearedLarr                                                       | y D. Watts                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |  |
| to me known to be to be some such fid | he identk<br>uciary, ex | cal person nate | amed in and who e<br>same as the volunt                           | xecuted the fore                                                                      | going instrument, and ack<br>I of such person and of su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nowledged that such                               |  |
|                                       | Nº 7. 4                 |                 | DEL OLIVER                                                        | Ju-                                                                                   | MB OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |  |
| •                                     |                         |                 | SSION EXPL. 23<br>1 26, 1988                                      |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , Notary Public                                   |  |
|                                       |                         |                 |                                                                   |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , Notary Public                                   |  |
|                                       |                         |                 |                                                                   |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |  |
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| STATE OF FLO                          | RIDA:                   |                 |                                                                   |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |  |
| nelles CO                             | : :<br>UNTY:            | SS              |                                                                   |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |  |
|                                       |                         |                 | NOTARY                                                            | PUBLIC, State of lassion Expires Ap                                                   | d for the State of the foliation of the state of the stat | OLIBELIO A                                        |  |
|                                       |                         |                 |                                                                   | , ly                                                                                  | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | See House See Law 18                              |  |
| No Docket Page                        | 10                      |                 | this aday of February, 1988  Secret McD chald - Clerk Auditor  By | Filed for record, indexed and delivered to County Auditor this day of Technology 19 2 | at a condect of M., and recorded in a condect in and recorded in a condect in a con | By Deputy WHEN RECORDED RETURN TO  The many Thank |  |