STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

| MIDCLE PROPERTY NAME IF NOT PROTOCOLOGY OF A STATE OF A | PE BI        | RTH NUMBER        |                          | ·                     | CERTIF                         | ICATE              | OF DE             | ATH 11           | 4-   |                   |                  |                |  |
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| TREALE   46. 5.1   46. 15. OCT. 27, 1938   36. POINT  FACILITY MARK If Not metalization, gene sized and number of Part   46. DES INCIDENT   1000 CETY LAW   10 | R<br>TIONS   | _                 | AGE -                    | LAST BIRTHDAY         | UNDER 1 YEA                    | AR UNDER           | 1 DAY DATE O      |                  | Day. Yr.)  | 16                |                  |                |  |
| BOSPITAL INCAMINED REPORTS CONCERN MESSAN PAGES AND ADDRESS (STEER AND ADDRESS ADDRESS (STEER AND ADDRESS ADD |              |                   | / 4a.                    | 21                    | 46.                            |                    | 5. Oc             |                  |  |                   |                  | Livier         | DE CITY :  |
| PROSECUTION   Separation   Doad   Distance   Distance   Doad   Distance   Doad   Distance   Doad   Distance   Distance   Doad   Distance   Distance   Doad   Distance   D   |              |                   | ·                        |                       |                                |                    |                   | - I              |  |                   |                  | i Spe          | cify yes or not                                  |
| Internation   Control      | F            | HOSPITAL          |                          |                       | 66                             |                    | F DEATH (Chec     |                  |  |                   |                  |                |  |
| American Irodan, description   Specify   Secription   Secretary   Secription   Secretary   Secription   Secretary    |              | WAS DECEDENT      | OF HISPANIC ORIG         |                       | DOA                            | RACE               | - White, Black,   |                  |  |                   |                  | nly highest    | grade complete                                   |
| BIRTH-PLACE   COLLAR SWING FORDER COMPT   IN. ISA      | 7            |                   |                          | Rican, etc.           |                                | Americ             | can Indian, etc.  | Specify)         | <del></del>  |                   |                  |                |  |
| 10. LESS MOLINES, IA 11. USA 128. TRETTIEN 150. LICENSES OF NOUSTRY NUMBER 150. SOCIAL SECURITY NUMBER 151. LISTAND COURTY NUMBER 151. LISTAND REPORT OF THE PROPERTY NUMBER 151. LISTAND REPORT NUMBER 151. LISTAND R | -            |                   | YES Specify:             | TOTIZEN OF WIL        | AAT COUNTRY                    |                    |                   | <u> </u>         | 9.   |                   |                  |                |  |
| SOCIAL SCUINTY NUMBER    SUBJECT STATE   SUBJECT STATE STATE   SUBJECT STATE | : ]          |                   | oreign Country)          | 1                     |                                | WIDOWED            | DIVORCED (Sp      | ecify)           | T .  |                   |                  |                | ne)  |
| TREET AND HUMBER OF RESIDENCE  150. Union  150. Union  150. LOTIMOT  150. RR 1 Box 58  150. RR 1 Box 5 | ·t           |                   |                          | USUAL OCCUP           | ATION (Give kind               | at work don        | e during most     | _                | SINESS OF  | INDUSTRY          | WAS DECEDE       | NT EVER I      |  |
| Security set   Secu   |              |                   | TATE COUNTY              | 14Reales              |                                |                    |                   |                  |  |                   | 15. yes          | 3              | INSIDE CITY LIMI                                 |
| NAME   TURE   Arlene   Harrger   NAME   Diane   Louanna   Criffin   MALING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zp Code   See METHOD OF DISPOSITION   Diane   Harrger   NAME   Diane   Name     | Ų            |                   |                          |                       |                                |                    |                   |                  | Box  | 58                |                  | !              | Specify yes or n<br>16e. NO                      |
| MAILING ADDRESS (Surest and Number or Purus Route Number. City or Town. State. 2g Code **NAME**  Diane Harger*    180. RR 1 Box 58 Lorimor, IA 50149   180. RR  | S            |                   |                          |                       |                                |                    | NAME              |                  | _  | _                 |                  |                |  |
| Diane Harger  Sa. METHOD OF DISPOSITION  Dis |              |                   | Luke                     | Arten                 | e i                            |                    |                   |                  |  |                   |                  |                |  |
| Donation   Citier (Specify)   Donation   Citier (Specify   Citier (Specify)   Citier (Specify)   | 7            | 19a.              |                          | rger                  |                                |                    |                   |                  |  |                   |                  |                |  |
| FUNERAL HORE AN AMA AND ADDRESS IS street and Number or Rural Route Number, City or Town, State. Zip Code)  11. Westover Funeral Home 6337 Hickman Rd. Des Motnes, Towa 50322  12. MANNER OF DEATH  13. MANNER OF DEATH  14. MANNER OF DEATH  15. MANNER OF DEATH  16. LICENSE IN MANN | ſ            |                   |                          | oval from State       | or other p                     | lace)              |                   |                  | 1  |                   |                  |                |  |
| FURENAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  11. Westover Funeral Home 6337 Hickman Rd. Des Moines, Iowa 50322    Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines, Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   Control of Part   Home 6337 Hickman Rd. Des Moines Iowa 50322   C |              | Donation [        | Other (Specify)          |                       | Res                            | thaven             | Cemeter           | У                | 2  | West De           | s Moine          | es, Io         | owa  |
| FUNERAL HOME. NAME AND ADDRESS (Sireet and Number or Rural Route Number, City or Town, State. Zip Code)  Westover Funeral Home 6337 Hickman Rd. Des Moines, Iowa 50322    Code   | 1            |                   | CTOR-SIGNATURE           | 1 Let                 |                                |                    | -                 |                  |  |                   |                  |                | 5  |
| Westover Funeral Home 6337 Hickman Rd. Des Moines, Towa 50322    Could not be considered by the construction of the country of |              | FUNERAL HOME      | - NAME AND ADDR          | ESS (Street and No    | umber or Rural Re              | oute Number        | , City or Town, S | State. Zip Code  | ·)   |                   | 21b.             |                | -  |
| Accident   Pending   Pending   Pending   Could not be   Pending   Could not be    | Į            | 21c. West         | over Funer               | al Home 6             | 337 Hick                       | nan Rd             | . Des Mo          | ines, l          | owa 5  | 0322              |                  |                |  |
| 23. MANNER OF DEATH   Natural   Pendring   P | AR           | _                 | GNATURE                  | ر س                   | 11/0                           | ·                  |                   |                  |  |                   | (Mo E            |                | BY REGISTRAF                                     |
| Natural   Pending   Pend   | 2            |                   | DEATH //                 | ATE OF THUNKY         | HOUR OF I                      |                    |                   | DESCRIBE H       | IOW INJUR  | Y OCCURRED        | 225.             |                | <u> </u>   |
| Suicide   Could not be   Homicide   Could not be   Eactory, office building, etc.)   246.   241.   241.   241.   242.   242.   243.   244.     | I            |                   | Li Penoring   2          | 4a                    |                                | M. 24c             | <u> </u>          |                  | ···-   | ne Borre          | - Cir. =         |                | 0-40   |
| To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated.  25a. (Signature and title)  25b. 9-28-90  25c. 10:00  NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)  26.  NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print)  27. Lorn W. Matthews, D.O., Deputy Medical Examiner, 4900 Franklin, Des Moines, IA 5031  28. 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.  Final disease or condition resulting in death  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.  DUE TO (OR AS A CONSEQUENCE OF):  (b)  DUE TO (OR AS A CONSEQUENCE OF):  (c)  DUE TO (OR AS A CONSEQUENCE OF):  (d)  DUE TO (OR AS A CONSEQUENCE OF):  (d)  PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.  (Specify yes or no)  NO  WERE AUTOPSY FILES (INC. 2014) (Specify yes or no)  NO  WERE AUTOPSY FILES (Specify yes or no)  NO  CAUSE OF DEATH 125.  HOURD AND ADDRESS (MOINTES) (Part 125)  Approximation and title (Part |              |                   | Ti Conia uoi pe          | actory, office buildi | rspecify at home<br>ing, etc.) | . larm. street     |                   | ON (Street and I | Number or F  | Rural Route Numbe | er, City or Town | , State. Zip ( | Code)  |
| NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)  26.  NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print)  27. Lorn W. Matthews, D.O., Deputy Medical Examiner, 4900 Franklin, Des Moines, IA 5031  28. 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  IMMEDIATE CAUSE  Sequentially list conditions, if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.  (b)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  (c)  DUE TO (OR AS A CONSEQUENCE OF):  (d)  PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.  NO  WERE AUTOPSY (Specify yes or no)  NO  Specify yes or no)  NO  Specify yes or no)  | Ì            | To the best of my |                          |                       | date and place of              | lue to the cau     |                   | er as stated.    |  | DATE SIGNE        | D (Mo., Day, 1   |                |  |
| NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print)  27. Lorn W. Matthews, D.O., Deputy Medical Examiner, 4900 Franklin, Des Moines, IA 5031  28. 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.    Approximation   | - 1          |                   |                          | Will                  | 1th                            | - Po               | 0 1/              | 7 <sub>6</sub> ~ |  | 25b. 9-28         | s-90 <u>,</u>    | - 25c.         | 10:00 1  |
| NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print)  27. Lorn W. Matthews, D.O., Deputy Medical Examiner, 4900 Franklin, Des Moines, IA 5031  28. 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.  Approximation interval Be Onset and Interval Be Onset a |              | NAME AND TITE     | LE OF ATTENDING P        | HYSICIAN IF OTH       | ER THAN CERTI                  | FIER (Type/F       | Print)            |                  |  |                   |                  |                |  |
| 28. PART I. Enter the diseases, injunes, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  Approximation interval Be Onset and Shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE  Arteriosclerotic Cardioyascular Disease  [a) Arteriosclerotic Cardioyascular Disease  [b) DUE TO (OR AS A CONSEQUENCE OF):  [b) DUE TO (OR AS A CONSEQUENCE OF):  [c) DUE TO (OR AS A CONSEQUENCE OF):  [d] DUE TO (OR AS A CO |              |                   |                          |                       |                                |                    |                   |                  | <del>.                                      </del> |                   |                  |                |  |
| Sequentially list conditions, if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.  PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.  PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.  IMMEDIATE CAUSE  Arteriosclerotic Cardioyascular Disease  DUE TO (OR AS A CONSEQUENCE OF):  OUT TO (OR AS A CONSEQ | į            | 27. Lorn          | W. Matthew               | s, D.O.,              | Deputy M                       | edical             | Examine           | r, 4900          | Fran   | klin, De          | s Moine          | es, I          | A 50310  |
| Sequentially list conditions, if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.  PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.  PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.  IMMEDIATE CAUSE (Disease or injury that initiated events resulting in death) LAST.  (b) DUE TO (OR AS A CONSEQUENCE OF):  (c) DUE TO (OR AS A CONSEQUENCE OF):  (d)  DUE TO (OR AS A CONSEQUENCE OF):  (D | ſ            | 28, PART I. Ente  | er the diseases, injurie | s, or complications   | s that caused the              | death. Do no       | t enter the mode  | of dying, such   | as cardiac   | or respiratory ai | rest.            |                | Approximate                                      |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.  PART II.a. Other significant conditions contributing to death but not resulting in death but not resulting in death)  PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.    Due to (or as a consequence of):   |              |                   |                          |                       |                                |                    |                   |                  |  |                   |                  |                | Interval Betwee                                  |
| Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.    DUE TO (OR AS A CONSEQUENCE OF):  |              |                   |                          |                       |                                | erntic             | Cardio            | /ascular         | r Nise   | ease              |                  |                | !<br>!<br>!                                      |
| Sequentially list conditions, if any, leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.  DUE TO (OR AS A CONSEQUENCE OF):  (d)  PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.  DUE TO (OR AS A CONSEQUENCE OF):  (d)  PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.  NO (Specify yes or no)  NO (Specify yes or no)  (Specify yes or no)  | 75           | _                 |                          | DUE TO                |                                |                    |                   |                  | 5,30   |                   |                  |                | <del>                                     </del> |
| UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.  (c)  DUE TO (OR AS A CONSEQUENCE OF):  (d)  PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.  D. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AVAILABLE F TO COMPLETION CAUSE OF DEATH (Specify yes or no) INGS AV |              | leading to in     | mmediate cause. Ente     | DUETO                 | OR AS A CONS                   | EQUENCE (          | OF):              | · · ·            |  |                   |                  |                | ļ  |
| PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.  Description of the underlying causes given in Part I. | ١            | injury that i     | nitiated events resulti  | or {<br>ng {(c)       | ·                              |                    |                   |                  |  |                   |                  |                | <del> </del>                                     |
| underlying causes given in Part I.  PREGNANCY IN THE PAST 12 (Specify yes or no) INGS AVAILABLE F TO COMPLETION I, (Specify yes or no) NO CAUSE OF DEATH (Specify yes or no) (Specify yes or no)   |              | in death) LA      | -U1.                     | (d)                   | CON AS A CONS                  | EQUENCE (          | orj:              |                  |  |                   | _,,,             |                | <u>!</u>   |
| underlying causes given in Part I.  PREGNANCY IN THE PAST 12 (Specify yes or no) INGS AVAILABLE F TO COMPLETION I, (Specify yes or no) NO CAUSE OF DEATH (Specify yes or no) (Specify yes or no)   |              |                   |                          |                       | <del></del>                    | <del></del>        |                   |                  | ·  |                   |                  |                |  |
| (Specify yes or no) NO CAUSE OF DEATH (Specify yes or no)  | 1            |                   |                          |                       | to death but not               | resulting in t     | PREC              | NANCY IN TH      |  |                   |                  | INGS           | AVAILABLE PRIC                                   |
| i paceny year may  | 21           | •                 |                          |                       |                                |                    |                   |                  | <b>∓.</b>  | 1                 | NO               | ÇAUS           | E OF DEATH?                                      |
|  |              |                   |                          |                       |                                |                    |                   |                  |  | 29a.              |                  |                | ., , ,   |
|  |              | ·                 | <del></del>              |                       | COMPARED                       | _                  |                   | - بر -           |  | _                 | 1                | 221            |  |
|  |              | BOOK40            | PAGE 325                 | -                     |                                |                    |                   | -                |  | 0                 | 0691             | 2,31           | <del>L</del>                                     |
| PH PH MII  | 4            | 91 JUN 18         | 3 PH 1: 31               |                       |                                |                    |                   | 1                |  | in.               |                  |                |  |
| COMPARED   |              |                   |                          |                       |                                |                    |                   |                  | آالم   | بلجميا            | 5                |                |  |
| BOOK 40 PAGE 325  91 JUN 18 PH 1: 31   |              | REC               | E UISLER<br>ORDER        | •                     | I lame! W                      |                    |                   |                  | ي ادي  | nate (            |                  |                |  |
| BOOK 40 PAGE 325  91 JUN 18 PH 1: 31  MICHELLE UTSLER RECORDER  COMPARED  O 0 6 9 1 2 3 42  CERTIFICATE  CERTIFICATE  CERTIFICATE  |              | HADISON C         | AWOL.YTRUO               |                       | State of lov                   | va, in and         | for Polk Cou      | inty Wo ber      |  |                   |                  |                |  |
| BOOK 40 PAGE 325  91 JUN 18 PH 1: 31  MICHELLE LITELER   |              | Fee \$5           | .00                      |                       | certify that                   | this is a to       | ue and comp       | lete copy of     |  |                   | -                |                |  |
| BOOK 40 PAGE 325  91 JUN 18 PH 1: 31  MICHELLE UTSLER RECORDER MADISON COUNTY, 10WA Fee \$5.00  COMPARED  O 0 6 9 1 2 3 4  I, Jerry L Welss, Clerk of the Distrit County, to bereby certify that this is a true and complete copy of the   |              |                   |                          |                       | IN TESTIMO                     | ONY WHER           | EOF, I have I     | erece            |  |                   |                  |                |  |
| BOOK 40 PAGE 325  91 JUN 18 PH 1: 31  MICHELLE UTSLER RECORDER 11ADISON COUNTY, IDWA  COMPARED  0 0 6 9 1 2 3 42  CERTIFICATE  I, Jerry L Welss, Clerk of the District County to bereby State of Iowa, in and for Polk County to bereby  |              |                   |                          |                       |                                |                    |                   | LICE.            |  | A de              |                  |                |  |
| BOOK 40 PAGE 325  91 JUN 18 PH 1: 31  MICHELLE UTSLER RECORDER IMADISON COUNTY, IDWA Fee \$5.00  CERTIFICATE  I, Jerry L Welss, Clerk of the District county, the State of Iowa, in and for Polk County, No bereby certify that this is a true and complete copy of the Original Instrument filed in this office.  IN TESTIMONY WHEREOF, I have here thand and affixed the Seal of said County.  |              |                   |                          |                       | Jes Moli                       | Och                | ber               |                  |  | 2 4<br>2 5        | 5                |                |  |
| BOOK 40 PAGE 325  91 JUN 18 PM 1: 31  MICHELLE UTSLER RECORDER MADISON COUNTY, IOWA Fee \$5.00  COMPARED  O0691234  I, Jerry L. Welss, Clerk of the District Condition of the State of Iowa, in and for Polik County to be breby certify that this is a true and complete Copy of the Original Instrument filled in this offica.  IN TESTIMONY WHEREOF, I have here  |              |                   |                          |                       |                                |                    | JERRY L. W        | 2 3 4 7          | d. C.  | 6                 | 1                |                | ı  |
| BOOK 40 PAGE 325  91 JUN 18 PH 1: 31  MICHELLE UTSLER RECORDER IMADISON COUNTY, IDWA Fee \$5.00  CERTIFICATE  I, Jerry L Welss, Clerk of the District County to bereby certify that this is a true and complete copy of the Original Instrument filed in this office.  IN TESTIMONY WHEREOF, I have here hand and affixed the Seal of said Court in Des Moines, Iowa this  JERRY L. WE   |              |                   |                          |                       | 1                              | Cleri              | k of the Dist     | Mag St.          | "Constant  |                   |                  |                |  |
| BOOK 40 PAGE 325  91 JUN 18 PH 1: 31  MICHELLE UTSLER RECORDER MADISON COUNTY.10WA Fee \$5.00  CERTIFICATE  I, Jerry L Welss, Clerk of the District conditions that the State of Iowa, in and for Polk County No bereby certify that this is a true and complete copy of the Original Instrument filed in this office.  IN TESTIMONY WHEREOF, I have hereby hand and affixed the Seal of said County in Des Moines, Iowa this John County New Hereoff.   |              |                   |                          |                       | L                              | <del>0y2/~\/</del> | Vinex             | 7-7-7-           |  | 17 A 18           |                  |                |  |