

AFFIDAVIT

STATE OF IOWA)
) SS
MADISON COUNTY)

I, Leonard M. Flander, being first duly sworn on oath do hereby depose and state:

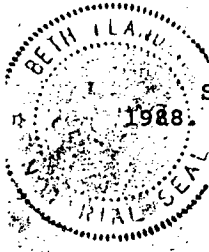
I have practiced law in Winterset, Madison County, Iowa for more than twenty (20) years last past, during all of which time I have personally known Mary May Warnock, who, during her lifetime was also known as Mary C. Warnock, and I know the owner of and history of the chain of title of the real estate legally described as:

Southwest Quarter (1/4) Section Thirty-six (36), Township Seventy-five (75) North, Range Twenty-eight (28) West of the 5th P.M.


That Mary May Warnock, who held a life estate in such property, died on the 4th day of April, 1988.

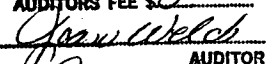
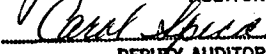
That a certified copy of the certificate showing the death of Mary May Warnock is attached hereto and made a part hereof.


Leonard M. Flander



Subscribed and sworn to before me this 18th day of August,


Beth Flander, Notary Public

ENTERED FOR TAXATION
THIS 19 DAY OF Aug 1988
AUDITORS FEE \$ 5.00

AUDITOR

DEPUTY AUDITOR

Compared

391
FILED NO. _____
BOOK 38 PAGE 481
1988 AUG 19 PM 3:39
MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA
Fee \$10.00
Transfer as to Life Estate \$5.00

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. REQUIRED FEE PAID. DATE ISSUED: APR 6 1988 REGISTRAR OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1. NAME OF DECEDENT—FIRST			2. DATE OF DEATH (MONTH, DAY, YEAR)		
MARY			April 4, 1988		
18. MIDDLE			14.5		
MAY					
11C. LAST			12. SOCIAL SECURITY NUMBER		
WARNOCK			479-36-7245		
4. RACE/ETHNICITY			6. DATE OF BIRTH		
Female White			July 8, 1893		
5. SPANISH/HISPANIC			7. AGE		
NO			94 YEARS		
8. American			IF UNDER 1 YEAR MONTHS DAYS		
9. NAME AND BIRTHPLACE OF FATHER			IF UNDER 24 HOURS HOURS MIN		
Carl S. Christenson - Denmark					
10. BIRTH NAME AND BIRTHPLACE OF MOTHER			Anna M. Matthews - Illinc		
11A. CITIZEN OF WHAT COUNTRY			13. MARITAL STATUS		
U.S.A.			Widowed		
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE			14. NAME OF SURVIVING SPOUSE OF WIFE, ENTI BIRTH NAME		
19 - TO 19 -			---		
15. PRIMARY OCCUPATION			18. KIND OF INDUSTRY OR BUSINESS		
Homemaker			own home		
16. NUMBER OF YEARS THIS OCCUPATION adult life			17. EMPLOYER IF SELF-EMPLOYED, SO STATE self		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19C. CITY OR TOWN		
9224 Miranda Drive			Santee		
19D. COUNTY			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		
San Diego			Ralph Warnock Son		
19E. STATE			21A. PLACE OF DEATH		
California			El Cajon Valley Convalescent		
21B. COUNTY			21D. CITY OR TOWN		
San Diego			El Cajon		
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			26. WAS DEATH REPORTED TO CORONER?		
510 East Washington Avenue			no		
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE			25. WASopsy PERFORMED		
(A) Cardiac arrest			no		
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE			26. WAS AUTOPSY PERFORMED		
(B) Coronary heart disease			no		
DUE TO, OR AS A CONSEQUENCE OF			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		
(C) generalized arteriosclerosis			no		
DUE TO, OR AS A CONSEQUENCE OF LYING CAUSE LAST.			28. DATE SIGNED		
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A			28. DATE SIGNED		
N/A			APR 6 1988		
27. TYPE OF OPERATION			28D. PHYSICIAN'S LICENSE NUMBER		
no			A14257		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE		
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)			EDWARD ESTEB, M.D.		
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)			233 Prescott Ave., El Cajon Ca.		
1-31-85 2 apr 88			Edward Esteb M.D.		
29. SPECIFY ACCIDENT, SUICIDE, ETC.			32A. DATE OF INJURY—MONTH, DAY, YEAR		
30. PLACE OF INJURY			32B. HOUR		
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)			35B. CORONER—SIGNATURE AND DEGREE OR TITLE		
35C. DATE SIGNED			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
			6854 John M. Mucha		
36. DISPOSITION			40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		
Burial			Rogers Mortuary		
37. DATE—MONTH, DAY, YEAR			40B. LICENSE NO.		
4/6/88			69.		
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			41. LOCAL REGISTRAR'S SIGNATURE		
C/O Hamilton Funeral Service 605 Lyon Des Moines Iowa			Ronald L. Ramon, M.D.		
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE			42. DATE ACCEPTED BY LOCAL REGISTRAR		
6854 John M. Mucha			APR 6 1988		
STATE REGISTRAR					
A.			B.		
C.			D.		
E.			F.		