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|--|--|--|--|--|--|
| DECEASED - NAME<br><b>LILY B. McDONALD</b>   |  | SEX<br><b>Female</b>   |  | DATE OF DEATH (MONTH, DAY, YEAR)<br><b>December 28, 1970</b>   |  |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)<br><b>White</b>   |  | AGE - LAST BIRTHDAY (YEARS)<br>5a. <b>73</b>   |  | DATE OF BIRTH (MONTH, DAY, YEAR)<br><b>Oct. 27, 1897</b>   |  |
| CITY, TOWN, OR LOCATION OF DEATH<br><b>Des Moines</b>  |  | INSIDE CITY LIMITS (SPECIFY YES OR NO)<br><b>Yes</b>   |  | HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)<br><b>Americana Nursing Center, 300 Laurel</b> |  |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)<br><b>Iowa</b>   |  | CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br><b>Never Married</b>  |  |
| SOCIAL SECURITY NUMBER<br>[REDACTED]   |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)<br><b>Homemaker</b>   |  | KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  |  |
| RESIDENCE - STATE<br><b>Iowa</b>   |  | COUNTY<br><b>Madison</b>   |  | CITY, TOWN, OR LOCATION<br><b>Winterset</b>  |  |
| FATHER - NAME<br><b>Joseph F. McDonald</b>   |  | MOTHER - MAIDEN NAME<br><b>Teressa McAllister</b>  |  | STREET AND NUMBER<br><b>R. R. 4</b>  |  |
| INFORMANT - NAME<br><b>Ella McDonald</b>   |  | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)<br><b>317 E. Green, Winterset, Iowa 50273</b>                                       |  |  |  |
| PART I. DEATH WAS CAUSED BY:   |  | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]  |  |  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |
| 18. IMMEDIATE CAUSE  |  | (a) <b>Cerebrovascular accident</b><br>DUE TO, OR AS A CONSEQUENCE OF:   |  |  |  |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST                        |  | (b) <b>Hypertension</b><br>DUE TO, OR AS A CONSEQUENCE OF:   |  |  |  |
|  |  | (c)  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) |  |  |  | AUTOPSY (YES OR NO)<br>19a. <b>No</b>  | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH<br>19b.  |
| Diabetes   |  |  |  |  |  |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)   |  | DATE OF INJURY (MONTH, DAY, YEAR)  |  | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)   |  |
| 20a.   |  | 20b.   |  | 20c. M. 20d.   |  |
| INJURY AT WORK (SPECIFY YES OR NO)   |  | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)   |  | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)   |  |
| 20e.   |  | 20f.   |  | 20g.   |  |
| CERTIFICATION - MONTH DAY YEAR   |  | MONTH DAY YEAR   |  | AND LAST SAW HIM/HER ALIVE ON  | I DID/DID NOT VIEW BODY AFTER DEATH  |
| 1 ATTENDED THE DECEASED FROM<br><b>9-5-69</b>  |  | TO<br><b>12-28-70</b>  |  | MONTH DAY YEAR<br><b>not</b>   | DEATH OCCURRED AT THE PLACE ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED.<br><b>1:30 P M.</b> |
| 21A.   |  | 21B.   |  | 21C.   |  |
| CERTIFICATION BY: ATTENDING PHYSICIAN <input checked="" type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/>  |  | THE DECEDENT WAS PRONOUNCED DEAD   |  |  |  |
| 22A. (CHECK ONE) DEPUTY MEDICAL EXAMINER <input type="checkbox"/>  |  | MONTH DAY YEAR<br><b>12-28-70</b>  |  | YEAR M.  |  |
| CERTIFIER - NAME (TYPE OR PRINT)<br><b>D. A. GLOMSET, M.D.</b>   |  | SIGNATURE<br><i>D.A. Glomset M.D.</i>  |  | DEGREE OR TITLE<br><b>M.D.</b>   |  |
| 23A.   |  | 23B.   |  | DATE SIGNED (MO, DAY, YEAR)<br><b>1-5-71</b>   |  |
| MAILING ADDRESS<br><b>8902 E. Ingersoll</b>  |  | STREET OR R.F.D. NO.   |  | CITY OR TOWN STATE ZIP   |  |
| 23D.   |  | <b>DES MOINES, IOWA 50312</b>  |  |  |  |
| BURIAL, CREMATION, REMOVAL (SPECIFY)<br><b>Burial</b>  |  | CEMETERY OR CREMATORY - NAME<br><b>McDonald-Chase Cemetery</b>   |  | LOCATION CITY OR TOWN STATE<br><b>Rural Winterset Iowa</b>   |  |
| 24a.   |  | 24b.   |  | 24c.   |  |
| DATE (MONTH, DAY, YEAR)<br><b>Dec 30 1970</b>  |  | FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)<br><b>Collins Funeral Home, 505 E. Court, Winterset, Iowa 50273</b> |  |  |  |
| 24d.   |  | 24e.   |  | 24f.   |  |
| FUNERAL DIRECTOR - SIGNATURE<br><i>Walter Collins</i>  |  | REGISTRAR - SIGNATURE<br><i>Violet Winterset</i>   |  | DATE RECEIVED BY LOCAL REGISTRAR<br><b>1/14/71</b>   |  |
| 25a.   |  | 25b.   |  | 25c.   |  |

330

C3794

261

FILED

JAN 15 1971

MAEL H. DOYLE  
J. of Dist. Court

CAUSE

1-25-71

CERTIFIER

BURIAL

3080

At a meeting of the Board of Directors of John Hancock Mutual Life Insurance Company held December 14, 1987, a quorum being present, it was

VOTED: That the Chairman of the Board, the President, any Sector President, the Chief Financial Officer, the General Counsel, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, any Treasury Officer, any Senior Investment Officer, any Investment Officer, any Senior Mortgage Investment Officer and any Mortgage Investment Officer of the Company, or any one of them, are hereby authorized to execute and seal with the corporate seal, acknowledge, and deliver any and all instruments required in connection with any investment, sale, or loan authorized by the Committee of Finance.

I hereby certify that the above is a true copy of a vote passed December 14, 1987, by the Board of Directors of John Hancock Mutual Life Insurance Company; that the same still remains in full force; and that Donald A. Morway is a Assistant Treasurer of the Company, this 12th day of February, 1990.

*Barry P. Sanborn*  
Barry P. Sanborn Assistant Secretary

TOWNSHIP 76 NORTH, RANGE 28 WEST OF THE 5TH P.M

- Section 21: East Half of the Southwest Quarter,
- Section 28: West Half of the Northwest Quarter,

EXCEPTING AND RESERVING unto the Grantor hereof, its successors and assigns, an undivided one-half (1/2) interest in and to any and all of the remaining oil, gas and minerals now or hereafter lying in and under, and that may be produced from, all of the above described real estate, with the right to reduce the same to possession, and with rights of ingress and egress and all rights incident to the development, production, conservation and transportation thereof, forever.

BEING a portion of the premises conveyed to John Hancock Mutual Life Insurance Company by Deed dated October 7, 1986, recorded with the Office of the Recorder for the County of Madison, State of Iowa, in Book 122, Page 395, as File No. 744.

This instrument was prepared by:

*Melvin Pittman*  
JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY  
John Hancock Pl., P.O. Box 111, Boston, MA 02117

ENTERED FOR TAXATION  
THIS 5 DAY OF MAR. 1990  
AUDITORS FEE \$ 10.00  
*James W. ...*  
AUDITOR:  
*...*

SPECIAL WARRANTY DEED Transfer \$10.00

Recorded March 5, 1990 @ 11:35 AM

C3794

1769 compared

THIS INDENTURE, made February 12, 1990, between JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY, a corporation duly organized under the laws of the Commonwealth of Massachusetts and having its principal place of business in Boston, in the County of Suffolk, and Commonwealth of Massachusetts (Grantor), and MAURICE D. MITCHELL (Grantee),

WITNESSETH, That the Grantor, for the sum of Ten and 00/000 (\$10.00) Dollars, and other good and valuable consideration, to it paid by the Grantee, the receipt of which is hereby acknowledged, has GRANTED, SOLD and CONVEYED, and by these presents does GRANT, SELL and CONVEY unto the said Grantee the following land and improvements thereon, situated in the County of Madison, and State of Iowa, and more particularly described in Exhibit A attached hereto and by this reference made a part hereof.

The herein-described premises are hereby conveyed "as is", by the tract and not by the acre, the acreage not being guaranteed by the Grantor, and are also conveyed subject to the rights of any tenants or lessees, any persons in possession, all outstanding mineral rights or reservations, oil, gas or mineral leases, water districts, water rights, restrictions or reservations, roadways, rights of way, easements, any contracts purporting to limit or regulate the use, occupancy or enjoyment of said premises, and any matters which could be disclosed by an accurate, current survey or inspection of said premises.

TO HAVE AND TO HOLD THE above-described premises, together with all and singular the rights and appurtenances thereto in anywise belonging, unto the said Grantee, its heirs and assigns, forever.

And Grantor does hereby warrant and forever defend all and singular the said premises unto the Grantee, its heirs and assigns, against every person whomsoever lawfully claiming or to claim the same or any part thereof by, through or under it, except as aforesaid, but against none other.

IN WITNESS WHEREOF, the Grantor has caused its corporate seal to be hereto affixed and these presents to be signed in its name and behalf by Donald A. Morway, one of its Assistant Treasurers, on the day and year first-above written.

WITNESSES:

Catherine M. Bruce  
Catherine M. Bruce

Laura V. Cullen  
Laura V. Cullen

JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY  
By: Donald A. Morway Assistant Treasurer

THE COMMONWEALTH OF MASSACHUSETTS )  
 ) SS.  
COUNTY OF SUFFOLK )

On February 12, 1990, before me, the undersigned, a Notary Public in and for the said Commonwealth, residing therein, duly commissioned and sworn, personally appeared Donald A. Morway to me personally known, who by me duly sworn, did say that he is an Assistant Treasurer of JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY, that the seal affixed to the foregoing instrument is the corporate seal of said corporation, and that said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors and as the free act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in said County the day and year in this certificate first above written.

Marie C. O'Brien Marie C. O'Brien  
Notary Public in and for said Commonwealth  
My commission expires August 9, 1996

REAL ESTATE TRANSFER  
TAX PAID \$202.95  
STAMP #  
Mary E. Welly  
RECORDER  
DATE 3-5-90  
COUNTY Madison



13 C3794

Willy B. McDonald  
Cert. of Death

To Remove Name.

Filed w/ CO TS  
3-14-90

\* Recorded 3-5-90

# 1769 BK 126-444