

AFFIDAVIT

STATE OF IOWA)
) SS
MADISON COUNTY)

The undersigned, upon being duly sworn and deposed, does hereby state:

The affiant is the daughter of Bernice K. Clague. Bernice B. Clague owned an undivided one-half ($\frac{1}{2}$) interest as a life tenant in the following described real estate:

South Half ($\frac{1}{2}$) of the Southeast Quarter ($\frac{1}{4}$) of Section Thirty-one (31), Township Seventy-seven (77) North of Range Twenty-eight (28) West of the 5th P.M., Madison County, Iowa

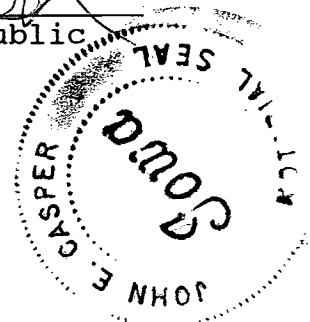
The affiant does further state that Bernice K. Clague died on May 8, 1990 at Winterset, Madison County, Iowa as evidenced by the death certificate, a true copy of which is attached to this Affidavit as Exhibit "A" and incorporated herein by this reference.

Further the affiant sayeth not.

Elsie B. Sawyers
Elsie B. Sawyers

Subscribed and sworn to before me this 2nd day of May, 1991.

John E. Casper
John E. Casper Notary Public



STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH 114-

C3809

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK	BIRTH NUMBER		FIRST		MIDDLE		LAST		DATE OF DEATH (Mo., Day, Yr.)	
	1.		Bernice		(M/M/N)		Clague		2. May 8, 1990	
USUAL RESIDENCE WHERE DECEDENT LIVED, IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION, GIVE INSTITUTION ADDRESS AS RESIDENCE	SEX	AGE - LAST BIRTHDAY (Years)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH			
	3. Female	4a. 99	4b. MOS. DAYS	4c. HRS. MIN.	5. 6-7-1890		6a. Madison			
FACILITY NAME (If not institution, give street and number)							CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (Specify yes or no)	
6b. 424 N. 1st St.							6c. Winterset		6d. Yes	
6e. PLACE OF DEATH (Check only one)										
HOSPITAL			OTHER							
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			<input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Daughter's Home							
7. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc.					8. RACE - White, Black, American Indian, etc. (Specify)			9. DECEDENT'S EDUCATION (Specify only highest grade completed)		
7. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify:					8. White			9. 12 n/a		
10. BIRTHPLACE (City, State or Foreign Country)			11. CITIZEN OF WHAT COUNTRY		12a. MARRIED, NEVER MARRIED, WIDOWED, OR DIVORCED (Specify)		12b. SURVIVING SPOUSE (If wife, give maiden name)			
10. Madison City, IA			11. USA		12a. Widowed		12b. n/a			
13. SOCIAL SECURITY NUMBER			14a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)			14b. KIND OF BUSINESS OR INDUSTRY		15. WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no)		
13. [REDACTED]			14a. Homemaker			14b. Homemaking		15. n/a		
16a. RESIDENCE - STATE		16b. COUNTY		16c. CITY, TOWN, OR LOCATION		16d. STREET AND NUMBER OF RESIDENCE		16e. INSIDE CITY LIMITS (Specify yes or no)		
16a. Iowa		16b. Madison		16c. Winterset		16d. 309 E. South St.		16e. Yes		
17. FATHER'S NAME FIRST MIDDLE LAST					18. MOTHER'S NAME FIRST MIDDLE MAIDEN					
17. Joseph Knox					18. Susan Taylor					
19a. INFORMANT'S NAME					19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
19a. Elsie B. Sawyers					19b. 424 N. 1st St. Winterset, Iowa 50273					
20. METHOD OF DISPOSITION				20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)			20c. LOCATION (City or Town, State)			
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State				20b. Winterset Cemetery			20c. Winterset, Iowa			
<input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)										
21a. FUNERAL DIRECTOR - SIGNATURE							21b. F.D. LICENSE #			
[Signature]							21b. 2391			
21c. FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
21c. Collins Funeral Home 505 E. Court Winterset, IA 50273										
22a. REGISTRAR - SIGNATURE									22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
[Signature]									22b. May 15, 1990	
23. MANNER OF DEATH		24a. DATE OF INJURY (Mo., Day, Yr.)		24b. HOUR OF INJURY		24c. INJURY AT WORK? (Specify yes or no)		24d. DESCRIBE HOW INJURY OCCURRED		
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending <input type="checkbox"/> Investigation		24a. [REDACTED]		24b. [REDACTED]		24c. [REDACTED]		24d. [REDACTED]		
<input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		24a. [REDACTED]		24b. [REDACTED]		24c. [REDACTED]		24d. [REDACTED]		
<input type="checkbox"/> Homicide		24a. [REDACTED]		24b. [REDACTED]		24c. [REDACTED]		24d. [REDACTED]		
25a. (Signature and title)							25b. DATE SIGNED (Mo., Day, Yr.)		25c. HOUR OF DEATH	
[Signature]							25b. 5-9-90		25c. 12:15 A.M.	
26. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)										
26. Larry D. Foster, D.O.										
27. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print)										
27. 115 W. Court, Winterset, Iowa 50273										
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								IMMEDIATE CAUSE		Approximate Interval Between Onset and Death
[REDACTED]								(a) Carcinomatosis		3 Years
[REDACTED]								DUE TO (OR AS A CONSEQUENCE OF):		
[REDACTED]								(b) DUE TO (OR AS A CONSEQUENCE OF):		
[REDACTED]								(c) DUE TO (OR AS A CONSEQUENCE OF):		
[REDACTED]								(d) DUE TO (OR AS A CONSEQUENCE OF):		
PART II.a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I.					b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no)			AUTOPSY (Specify yes or no)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no)
Arteriosclerotic Heart Disease Hypertension, Urinary Tract Infection								29a. NO		

CFN-568-0031
Revised - 1/89
(TS)

COPY

CERTIFICATE
I, Janice Weeks, Clerk of the District Court of the State of Iowa, in and for Madison County, do hereby certify that this is a true and complete copy of the Original Instrument filed in this office.
IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the Seal of said Court at my office in Winterset, Iowa this 15th day of May 1990.
By: [Signature]
Clerk of the District Court

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C3809

Affidavit to remove
Name of
Bernice K. Clague
From Real Estate

Filed w/COT's
5-2-91