

C3832

Parcel 25-04-30-40-0200

April 24, 1995

Madison County Assessor  
JoAnn Walser  
P.O. Box 152  
Winterset, Iowa 50273

Re: "Report of Change of Title."  
South fifty (50) acres of the Northwest Fractional  
Quarter (NW Eri.  $\frac{1}{4}$ ) of Section Thirty (30), Township  
Seventy-seven (77) North, Range Twenty-nine (29), West  
of the 5th P.M., Madison County, Iowa

Dear JoAnn;

We are enclosing several documents related to the above mentioned property which currently shows the property owned by-Dennis D. McCulley and Carolyn S. McArtor subject to the Life Estate of David Boyd McCulley with certain stipulations.

David Boyd McCulley passed away on March 11, 1995 which terminates the Life Estate designated on this title. We are enclosing a copy of the death certificate, as you required per a phone conversation with your office today, to show proof of death.

Please use this information to make the necessary changes on the title clearing it of the Life Estate, and showing-Dennis D. McCulley and Carolyn S. McArtor in equal shares-as the sole owners of this property. We would appreciate receiving from you a copy of the changes as recorded in your County office. We are enclosing a SASE for your convenience.

Thank you for your assistance in this matter and if there are any charges please contact:

Carolyn S. McArtor  
HCR 80 Box 4  
Grant, NE 69140-9504  
Telephone: (308) 352 - 4708

Sincerely,

*Carolyn S. McArtor - P.R.*

Carolyn S. McArtor - P.R.  
(daughter)

DEBBIE:

Would You Please Change Your  
Records to;

McCulley, Dennis D  $\frac{1}{2}$  Interest

McArtor, Carolyn S. McCulley  $\frac{1}{2}$  Interest

IN THE IOWA DISTRICT COURT

FOR MADISON COUNTY

STATE OF IOWA, MADISON County

In the Matter of THE ESTATE OF DOROTHY AGNES McCULLEY ss.

TO THE COUNTY AUDITOR OF MADISON COUNTY, IOWA:

I hereby certify that the title to the real estate hereinafter described, has been changed and established in (1)

DAVID BOYD McCULLEY, for his use and benefit during his natural life, if he does not remarry, and upon his death or remarriage to DENNIS D. McCULLEY and CAROLYN S. McCULLEY McARTOR in equal shares

and in accordance with the provisions of Section 558.66, of the Code, of the State of Iowa, you are therefore required on payment of a recording and transfer fee of , to enter the same upon the transfer books as provided for in the transfer of deeds.

The description of the real estate hereinabove referred to, is as follows (2)

South fifty (50) acres of the Northwest Fractional Quarter (NW Frl. 1/4) of Section Thirty (30), Township Seventy-seven (77) North, Range Twenty-nine (29), West of the 5th P.M., Madison County, Iowa.

in PROBATE # 10084 MADISON County, Iowa. BOOK U PAGE 284

The change of title to the above described real estate was made as follows: (2)

By Will and right of survivorship, Final Report dated 12-23-94, and Order on Final Report dated 1-11-95

IN TESTIMONY WHEREOF, I have hereunto attached my official signature and affixed my official seal, on this 11th day of January, 1995

Janice Weeks Clerk District Court. Deputy.

- (1) Give full name of person in whose name the title is established. (2) Give full description of real estate. (3) Show how the change of title was made; (a) if after the entry of the order approving the final report dated 19, Probate No. per Section 633.480 or (b) if after the filing of inventory or report under the provisions of Section 450.22 without administration per Section 633.481 or (c) if by reason of judgment or decree, giving case number and date.

COPY

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
**MAR 23 1995**  
 LINCOLN, NEBRASKA

*Stanley S. Cooper*  
 STANLEY S. COOPER, DIRECTOR  
 BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA — DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

1 DECEDENT - NAME FIRST MIDDLE LAST <b>DAVID BOYD McCULLEY</b>			2 SEX <b>MALE</b>	3 DATE OF DEATH - Month Day Year <b>MARCH 11, 1995</b>		
4 CITY AND STATE OF BIRTH (If not in U.S.A. name country) <b>INDIANOLA IOWA</b>		5a AGE - Last Birthday (Yrs.) <b>86</b>	5b UNDER 1 YEAR MOS DAYS	5c UNDER 1 DAY HOURS MINS	6 DATE OF BIRTH - Month Day Year <b>NOVEMBER 28, 1908</b>	
7 SOCIAL SECURITY NUMBER [REDACTED]			8a PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> OTHER <input type="checkbox"/> Nurse Home <input type="checkbox"/> <input type="checkbox"/> ER Outpatient <input checked="" type="checkbox"/> Residence <input type="checkbox"/> <input type="checkbox"/> CGA <input type="checkbox"/> Other Specify _____			
8b FACILITY - Name (If not institution, give street and number) <b>WESTVIEW RETIREMENT COMMUNITY</b>			8c CITY TOWN OR LOCATION OF DEATH <b>GRANT</b>			
8d INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			8e COUNTY OF DEATH <b>PERKINS</b>			
9a RESIDENCE - STATE <b>NEBRASKA</b>	9b COUNTY <b>PERKINS</b>	9c CITY, TOWN OR LOCATION <b>GRANT</b>		9d STREET AND NUMBER (including 2d Class) <b>Rt. 1 Box 21 (69140)</b>	9e INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
10 RACE - (e.g. White, Black, American Indian, etc.) (Specify) <b>WHITE</b>	11 ANCESTRY (e.g. Italian, Mexican, German, etc.) (Specify) <b>IRISH-AMERICAN</b>	12 <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED	<input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	13 NAME OF SPOUSE (If wife give maiden name) <b>NONE</b>		
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SCHOOL TEACHER</b>		14b KIND OF BUSINESS INDUSTRY <b>SECONDARY EDUCATION</b>		15 EDUCATION (Specify or highest grade completed) Elementary or Secondary: <b>12</b> College: <b>5+</b>		
16 FATHER - NAME FIRST MIDDLE LAST <b>BOYD McCULLEY</b>			17 MOTHER - FIRST MIDDLE MAIDEN SURNAME <b>LEILA WEEDE</b>			
18 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unit) (If yes, give war and dates of services) <b>NO</b>			19a INFORMANT - NAME <b>CAROLYN McARTOR</b>			
19b INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>HCR 80 - Box 4 - GRANT NEBR. 69140</b>						
20 EMBALMER - SIGNATURE & LICENSE NO. <i>John Long 901</i>			21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation	21b DATE <b>MARCH 14, 1995</b>	21c CEMETERY OR CREMATORY NAME <b>FAIRVIEW CEMETERY</b>	
22a FUNERAL HOME - NAME <b>BULLOCK-LONG</b>			21d CEMETERY OR CREMATORY LOCATION CITY OR TOWN STATE <b>GRANT NEBRASKA</b>			
22b FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Box 452 - GRANT NEBR. 69140</b>						
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>acute myocardial infarction</b> Interval between onset and death: <b>immediate</b> DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)						
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related			PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		24 AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
26a <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Investigation		26b DATE OF INJURY (Mo., Day, Yr.)	26c HOUR OF INJURY	26d DESCRIBE HOW INJURY OCCURRED		
26e INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>		26f PLACE OF INJURY - (At home, farm, street, factory, office building, etc.) (Specify)		26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		
27a DATE OF DEATH (Mo. Day Yr.) <b>MARCH 11, 1995</b>			27b DATE SIGNED (Mo. Day Yr.) <b>3/17/95</b>			
27c TIME OF DEATH <b>6:00 A.M.</b>			27d To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>Clifford M.D.</i> (Signature and Title)			
27e On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			27f DATE PREPARED BY (Mo., Day, Yr.) <b>MAR 20 1995</b>			
29 DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		30a HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30b WAS CONSENT GRANTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
31 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) <b>CLIFFORD COLGLAZIER, M.D. - GRANT NEBR. 69140</b> <i>Stanley S. Cooper</i>						

REPORT OF CHANGE OF TITLE

C3832

COMPUTER   /    
RECORDED   /    
COMPALED   /  

IN THE IOWA DISTRICT COURT

FOR MADISON COUNTY

STATE OF IOWA,  
MADISON

County

In the Matter of THE ESTATE OF  
ss. DOROTHY AGNES McCULLEY

TO THE COUNTY AUDITOR OF MADISON COUNTY, IOWA:

I hereby certify that the title to the real estate hereinafter described, has been changed and established in (1)

DAVID BOYD McCULLEY, for his use and benefit during his natural life, if  
he does not remarry, and upon his death or remarriage to  
DENNIS D. McCULLEY and CAROLYN S. McCULLEY McARTOR in equal shares

and in accordance with the provisions of Section 558.66, of the Code, of the State of Iowa, you are therefore required on payment of a recording and transfer fee of , to enter the same upon the transfer books as provided for in the transfer of deeds.

The description of the real estate hereinabove referred to, is as follows (2)

South fifty (50) acres of the Northwest Fractional  
Quarter (NW Fr. 1/4) of Section Thirty (30), Township  
Seventy-seven (77) North, Range Twenty-nine (29), West of  
the 5th P.M., Madison County, Iowa.

in PROBATE # 10084 MADISON County, Iowa.  
BOOK U PAGE 284

The change of title to the above described real estate was made as follows: (3)

By Will and right of survivorship , Final Report dated 12-23-94,  
and Order on Final Report dated 1-11-95

IN TESTIMONY WHEREOF, I have hereunto attached my official signature and affixed my  
official seal, on this 11th day of January , 1995.



Janice Weeks

Clerk District Court.

By

*Shirley H. Henry*

Deputy.

(1) Give full name of person in whose name the title is established.

(2) Give full description of real estate.

(3) Show how the change of title was made; (a) if after the entry of the order approving the final report dated \_\_\_\_\_ 19\_\_\_\_, Probate No. \_\_\_\_\_ per Section 633.480 or (b) if after the filing of inventory or report under the provisions of Section 450.22 without administration per Section 633.481 or (c) if by reason of judgment or decree, giving case number and date.

1794

C3832

# CHANGE OF TITLE

Lowrey McCully  
TO

David McCully

Filed for record, indexed, and de-

livered to the County Auditor this 11

day of January A.D., 1995,

at 11:30 o'clock A.M., and recorded

in Book 133 of \_\_\_\_\_ Deeds on

Page 732.

Michelle Thacker  
Recorder

Shirley S. Henry Deputy

Rec. Fee 4.00 Aud. Fee 5 Paid

Entered for Taxation this 11

day of January A. D. 1995

Jan Bell  
Auditor.

By Debbie Carlson  
Deputy.

