



# WARRANTY DEED (CORPORATE)

C3835

### Know All Men by These Presents:

That WINTERSET BUILDING CORPORATION, an Iowa corporation,  
having its principal place of business at Winterset, in Madison  
County and State of Iowa, a corporation organized and existing under the  
laws of Iowa, in consideration\* of the sum of \_\_\_\_\_  
Nineteen Thousand, Eight Hundred, Fifty Dollars and no/100 (\$19,850)  
in hand paid does hereby CONVEY unto Robert D. Young and Janice L. Young, as joint  
tenants with full right of survivorship,

Grantees' Address: Winterset, Iowa

the following described real estate situated in Madison County, Iowa, to-wit:

Lot Forty-seven (47) of Honor's Acres,  
Second Addition to the Town of Winterset,  
Madison County, Iowa,

811

FILED NO. \_\_\_\_\_  
BOOK 44 PAGE 324

1971 JUN 11 PM 2:08

MARY E. WELTY  
RECORDER  
MADISON COUNTY, IOWA

Fee \$ 1.50

SEAL  
REAL ESTATE  
TRANSFER TAX



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F

Douglas

needs transferring all

013 DEPARTMENT OF REVENUE TRFR FEE M

And said Corporation hereby covenants with said grantees, and successors in interest, that it holds said real estate by title in fee simple; that it has good and lawful authority to sell and convey the same; that said premises are free and clear of all liens and encumbrances whatsoever, except as may be above stated; and it covenants to Warrant and Defend the said premises against the lawful claims of all persons whomsoever, except as may be above stated.

Words and phrases herein, including acknowledgement hereof, shall be construed as in the singular or plural number, according to the context.

IN WITNESS WHEREOF said corporation has caused this instrument to be duly executed this 8th

day of June, 19 71

WINTERSET BUILDING CORPORATION

By William L. Durfey Title Vice President

By \_\_\_\_\_ Title \_\_\_\_\_

(Grantors' Address)

STATE OF IOWA, COUNTY OF MADISON ss.

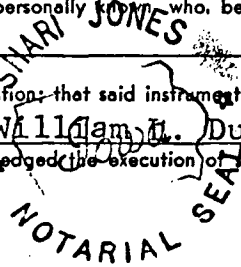
On this 8 day of June, A.D. 19 71, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared William L. Durfey

to me personally known, who, being by me duly sworn, did say that ~~XXXXXXXXXX~~ he is the Vice President

~~XXXXXXXXXX~~, of said corporation; that ~~XXXXXX~~ (the seal affixed thereto is the seal of said)

corporation; that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors; and that the said William L. Durfey

acknowledged the execution of said instrument to be the voluntary act and deed of said corporation, by it and by ~~him~~ voluntarily executed.



Sharif Jones Notary Public in and for the State of Iowa.

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

TYPE IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK	BIRTH NUMBER		DECEDENT'S NAME			DATE OF DEATH (Mo., Day, Yr.)	
	1.		FIRST ROBERT	MIDDLE DEAN	LAST YOUNG	2. October 21, 1995	
SEX	3. Male		AGE - LAST BIRTHDAY (Years) 4a. 68	UNDER 1 YEAR 4b. MOS	UNDER 1 DAY 4c. HRS	DATE OF BIRTH (Mo., Day, Yr.) 5. Sept 9, 1927	COUNTY OF DEATH 6a. Madison
	FACILITY NAME (If not institution, give street and number) 6b. Madison County Memorial Hospital				CITY, TOWN, OR LOCATION OF DEATH 6c. Winterset, Iowa		INSIDE CITY LIMITS (Specify yes or no) 6d. YES
6e. PLACE OF DEATH (Check only one)							
HOSPITAL <input checked="" type="checkbox"/> Patient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)							
DECEDENT	7. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Specify			RACE - White, Black, American Indian, etc. (Specify) 8. White		DECEDENT'S EDUCATION (Specify only highest grade completed) 9. 9	
	BIRTHPLACE (City & State or Foreign Country) 10. Creston, Iowa		CITIZEN OF WHAT COUNTRY 11. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 12a. Married		SURVIVING SPOUSE (If wife, give maiden name) 12b. Janice Sadler
USUAL RESIDENCE WHERE DECEDENT LIVED, IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION, GIVE INSTITUTION ADDRESS AS RESIDENCE	SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) 14a. Automobile Mechanic		KIND OF BUSINESS OR INDUSTRY 14b. Automotive		WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no) 15. YES
	RESIDENCE - STATE 16a. Iowa	COUNTY 16b. Madison	CITY, TOWN, OR LOCATION 16c. winterset		STREET AND NUMBER OF RESIDENCE 16d. 215 South 11th St.		INSIDE CITY LIMITS (Specify yes or no) 16e. YES
PARENTS	FATHER'S NAME 17. Harold Young			MOTHER'S NAME 18. Vera Davis			MAIDEN
INFORMANT	INFORMANT'S NAME 19a. Janice Young (Wife)			MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 215 South 11th St. Winterset, Iowa 50273			
	20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) 20b. Dunn's Crematory		LOCATION (City or Town, State) 20c. Des Moines, Iowa	
BURIAL	FUNERAL DIRECTOR - SIGNATURE 21a. Randall G. Freese			F.D. LICENSE # 21b. 2331		FUNERAL HOME - NAME AND ADDRESS (Street, and Number or Rural Route Number, City or Town, State, Zip Code) 21c. Collins Funeral Home 505 East Court, Winterset, Iowa 50273	
	REGISTRAR - SIGNATURE 22a. [Signature]			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22b. 10-25-95			
10-164	23. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending <input type="checkbox"/> Accident <input type="checkbox"/> Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		DATE OF INJURY (Mo., Day, Yr.) 24a.	HOUR OF INJURY 24b. M	INJURY AT WORK? (Specify yes or no) 24c.	DESCRIBE HOW INJURY OCCURRED 24d.	
	PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.) 24e.			LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code) 24f.			
To the best of my knowledge, death occurred at the time, date and place (due to the cause(s) and manner as stated).					DATE SIGNED (Mo., Day, Yr.) 25b. 10-25-95	HOUR OF DEATH 25c. 3:55 AM	
25a. (Signature and title) X [Signature]							
CERTIFIER	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. Dr. David Smith, D.O. 300 Hutchings, Suite 100 Winterset, Iowa 50273						
CAUSE OF DEATH	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.						Approximate Interval Between Onset and Death
	Final disease or condition resulting in death IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (OR AS A CONSEQUENCE OF): (b) Atherosclerotic Vascular Disease DUE TO (OR AS A CONSEQUENCE OF): (c) Hypertension 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.					b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no) XXXXX	AUTOPSY (Specify yes or no) 29a. NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no) 29b.

CFN-588-0021  
Revised - 1/89  
(TS)

Death Certificate  
10/27/95  
from Robert D Young  
to  
Janice L. Young

C3835