



QUIT CLAIM DEED

C 3839

Know All Men by These Presents: That Vernon R. Fee, Single and
Walter C. Fee and Dorothea Fee, Husband and Wife

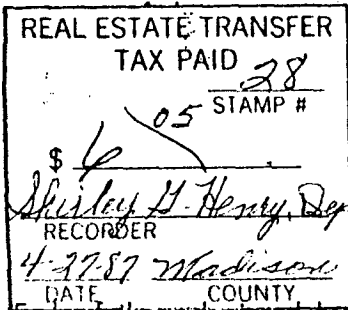
_____ in consideration of the sum of
One Dollar and other Valuable Consideration
in hand paid do hereby Quit Claim unto Patricia Gail Esparza

Grantees' Address: _____
all our right, title, interest, estate, claim and demand in the following described real estate situated in
Madison County, Iowa, to-wit:

All that part of the West 24.25 Acres of the Southeast Quarter
of the Northwest Quarter of Section 21, Township 75 North,
Range 26 West of the 5th P.M., Madison County, Iowa, lying
North of the public road.

Compared

Subject to easements of record.



Fee \$10.00
Transfer \$5.00

FILED NO. 2121
BOOK 123 PAGE 116
1987 APR 27 AM 9:16

IND. 1
REC. 1
PAGE 1

MARY E. WELTY
RECORDER
MADISON COUNTY, IOWA

Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the
above described premises.

Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine,
feminine or neuter gender, according to the context.

Dated March 17 1987

Vernon R. Fee
Vernon R. Fee
Route #1 Box 184B
St. Charles, IA 50240
(Grantor's Address)

Dated March 23 1987

Walter C. Fee
Walter C. Fee
621 Aracado El Cajon Calif 92020
(Grantor's Address)

Dated _____ 19____

Dorothea M. Fee
Dorothea Fee
621 Aracado El Cajon Calif 92020
(Grantor's Address)

STATE OF IOWA, COUNTY OF Iowa, ss:

On this 17th day of March, A. D. 1987, before me, the undersigned, a Notary
Public in and for said County and State, personally appeared Vernon R. Fee




to me known to be the identical persons named in and who executed the
foregoing instrument, and acknowledged that they executed the same as their
voluntary act and deed.

Mary E. Schleiber
Notary Public in and for said County and State

500-09-21-48-0300

C3839

 Petreia Espinoza

from

William Wilson Lee
7-27-98

CERTIFICATION OF VITAL RECORD

C3839

COUNTY of SOLANO
CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

4800

15

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEASED—FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME	2A. DATE OF DEATH—MONTH, DAY, YEAR
WILLARD	WILSON	FEE	JANUARY 1, 1977
2B. HOUR	4:02 P.M.		
3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH
MALE	CAUCASIAN	IOWA	MAY 30, 1917
7. AGE (LAST BIRTHDAY)		IF UNDER 1 YEAR	
59 YEARS		IF UNDER 24 HOURS	
8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	
THOMAS FEE IOWA		KATTIE CROSBY IOWA	
10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
USA			MARRIED
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		14. LAST OCCUPATION	
MAY BARKER		CIVIL SERVICE	
15. NUMBER OF YEARS IN THIS OCCUPATION		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
10		MARE ISLAND NAVAL BASE	SUPPLY
18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		18B. STREET ADDRESS (STREET AND NUMBER, OR LOCATION)	18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
DAVID GRANT USAF MEDICAL CENTER		TRAVIS AFB GA 94535	YES
18D. CITY OR TOWN		18E. COUNTY	18F. LENGTH OF STAY IN COUNTY OF DEATH
FAIRFIELD CA. 94533		SOLANO	20 YEARS
18G. LENGTH OF STAY IN CALIFORNIA		20 YEARS	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
1333 ALABAMA ST		YES	MAY FEE
19C. CITY OR TOWN		19D. COUNTY	1333 ALABAMA ST
VALLEJO		SOLANO	VALLEJO CA 94590
19E. STATE		21. NAME AND MAILING ADDRESS OF INFORMANT	
CALIFORNIA		MAY FEE	
21A. CORONER (IF HEIBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW)		21B. PHYSICIAN (IF HEIBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW)	21C. PHYSICIAN OR CORONER (SIGNATURE AND DEGREE IN FULL)
21B. FROM NOV 16, 1976 TO JAN 1, 1977		21C. Keith D. Hoffman, M.D. David Grant USAF Med	
21D. INVESTIGATION OR INQUIRY		21E. ADDRESS	21F. DATE SIGNED
		Can, Travis AFB, CA	JAN 22
22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION		22B. DATE	23. NAME OF CEMETERY OR CREMATORY
Burial		1-5-1977	Sunrise Memorial Cemetery
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. IF NOT CERTIFIED BY CORONER, HAS THIS DEATH REPORTED TO COMPTROLLER (SPECIFY YES OR NO)	27. LOCAL REGISTRAR SIGNATURE
Wiggins Funeral Home, Inc.		No	Edward G. Lopez, M.P.
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR		29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C	
JAN - 4 1977		(A) CARDIO RESPIRATORY ARREST	
		(B) ADENO CARCINOMA OF RECTUM	
		(C)	
30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE CITED IN PART I.		31. WERE OPERATIONS OR SURGICAL PROCEDURES PERFORMED FOR THIS CONDITION IN THE 24 HOURS PRECEDING DEATH?	32A. AUTOPSY PERFORMED?
		No	NO
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37B. OCCUPATION (SPECIFY IN FULL)	38. WERE LABORATORY TESTS RUN FOR TOXIC OR OTHER REASONS (SPECIFY YES OR NO)
39. WERE LABORATORY TESTS RUN FOR TOXIC OR OTHER REASONS (SPECIFY YES OR NO)		40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN DEATH; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 34)	
STATE REGISTRAR	A	B	C
	D	E	F

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

(A) CARDIO RESPIRATORY ARREST

(B) ADENO CARCINOMA OF RECTUM

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Minutes
8 years

INJURY INFORMATION

052636

State of California

Certified Copy of Vital Records

County of Solano

Date Issued 8 12 94

This is certified to be a true and exact copy of the original record registered and placed on file in the office of the SOLANO COUNTY ASSESSOR / RECORDER.

Robert Blechschmidt
ROBERT BLECHSCHMIDT - COUNTY ASSESSOR / RECORDER

by *Aruchol*, Deputy

This copy not valid unless prepared on engraved border displaying seal, date of issuance and original signature of deputy.

