



Document 2016 642

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

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Prepared by and Return Document To:

Kent Endacott, Esq., ISBA #19968
Endacott Peetz & Timmer, PC LLO
444 South 10th Street
Lincoln, NE 68508

AFFIDAVIT OF SUCCESSOR TRUSTEE

STATE OF CALIFORNIA)
) ss.
COUNTY OF LOS ANGELES)

Dane S. Jensen, being first sworn, deposes and states:

1. This Affidavit is given in connection with the chain of title to the real estate described below.

2. On October 10, 2005, Russell S. Jensen executed his Last Will and Testament. The Will provides that if his spouse predeceases him, all assets are to be devised and bequeathed unto the Trustee of the Russell S. Jensen Revocable Living Trust ("Russell Trust"). Also, on October 10, 2005, the Russell Trust was created by agreement and named Russell S. Jensen and his spouse Phoebe A. Jensen as Co-Trustees of the Russell Trust and designated Dane S. Jensen as the successor Trustee to the Russell Trust if "all the named Trustees cease to act as a Trustee."

3. On October 10, 2005, Phoebe A. Jensen executed her Last Will and Testament. The Will provides that if her spouse predeceases her, all assets are to be devised and bequeathed unto the Trustee of the Phoebe A. Jensen Revocable Living Trust ("Phoebe Trust"). Also, on October 10, 2005, the Phoebe Trust was created by agreement and named Phoebe A. Jensen and her spouse Russell S. Jensen as Co-Trustees of the Phoebe Trust and designated Dane S. Jensen as the successor Trustee to the Phoebe Trust if "all the named Trustees cease to act as a Trustee."

4. On October 10, 2005 the Property described below was conveyed to the Russell Trust by Quit Claim Deed recorded on October 24, 2005 in Document No. 2005-5145 with the Madison County Recorder. The Property is legally described as follows:

An undivided one-half (1/2) interest in:
The Southwest Fractional Quarter (1/4) of Section 19, in Township Seventy-six (76) North, Range Twenty-nine (29) of the Fifth P.M., Madison County, Iowa

5. On October 10, 2005 the Property described below was conveyed to the Phoebe Trust by Quit Claim Deed recorded on October 24, 2005 in Document No. 2005-5146 with the Madison County Recorder. The Property is legally described as follows:

An undivided one-half (1/2) interest in:

The Southwest Fractional Quarter (1/4) of Section 19, in Township Seventy-six (76) North, Range Twenty-nine (29) of the Fifth P.M., Madison County, Iowa

6. Phoebe A. Jensen died on February 3, 2008. A photocopy of the death certificate showing the death of Phoebe A. Jensen is attached to this Affidavit as Exhibit A.

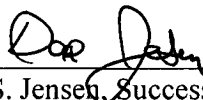
7. Russell S. Jensen died on July 24, 2014. A photocopy of the death certificate showing the death of Russell S. Jensen is attached to this Affidavit as Exhibit B.

8. In accordance with the terms of both the Russell Trust and the Phoebe Trust, upon the death of Phoebe A. Jensen and Russell S. Jensen, the affiant, Dane S. Jensen became the duly appointed and acting successor trustee of the Russell Trust and the Phoebe Trust. Dane S. Jensen, as the successor Trustee, is therefore vested with the legal title to the Property above without the need for conveyance or transfer thereto from the prior trustee, and has lawful authority to convey or distribute the same.

9. The Phoebe Trust was revocable until the time of Phoebe A. Jensen's death. The Phoebe Trust is now irrevocable. The Phoebe Trust has not been modified or amended in any manner that would cause the representations contained in this Certificate to be incorrect. The statements contained in this Certificate of Trust are true and correct.

10. The Russell Trust was revocable until the time of Russell S. Jensen's death. The Russell Trust is now irrevocable. The Russell Trust has not been modified or amended in any manner that would cause the representations contained in this Certificate to be incorrect. The statements contained in this Certificate of Trust are true and correct.

11. Neither the Phoebe Trust nor the Russell Trust is supervised by a court.



Dane S. Jensen, Successor Trustee of the Russell S. Jensen Revocable Living Trust dated October 10, 2005 and Successor Trustee of the Phoebe A. Jensen Revocable Living Trust dated October 10, 2005

Subscribed and sworn to before me on this _____ day of _____, 2016, by Dane S. Jensen, Successor Trustee of the Russell S. Jensen Revocable Living Trust dated October 10, 2005 and Successor Trustee of the Phoebe A. Jensen Revocable Living Trust dated October 10, 2005.

Notary Public

Kent Endacott, Esq., ISBA #19968

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles)

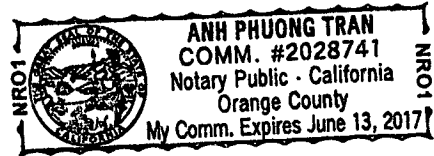
On February 18, 2016 before me, Anh Phuong Tran, Notary Public
(insert name and title of the officer)

personally appeared Dane S. Jensen,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Anh P. Tran (Seal)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3200819005570

Ex. A

STATE FIRE NUMBER		STATE OF CALIFORNIA USE BLACK INK ON CHANGING LABELS; WRITE OUTS OR ABBREVIATIONS EXCEPT UNIT		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Surname)	
PHOEBE		ADELAINE		JENSEN	
4A. ALBO IDENTIFY AS - Provide ANA (FIRST, MIDDLE, LAST)					
4. DATE OF BIRTH - month/day		5. AGE Yrs.		6. SEX	
01/16/1925		83		F	
7. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
SOUTH DAKOTA				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> U/AC	
12. MARITAL STATUS (at Time of Death)		1. DATE OF DEATH - month/day		8. HOUR (24 Hours)	
MARRIED		02/03/2008		0345	
13. EDUCATION - (Type of School) (Do not check last two)		15. WAS DECEDENT INSURANCE ADJUSTER/AGENT? (If yes see instruction on back)		16. DECEDENT'S RACE - (Up to 3 races may be listed (see instruction on back))	
SOME COLLEGE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
HOMEMAKER		OWN HOME		48	
20. DECEDENT'S RESIDENCE (Street and number or locality)					
2617 30TH STREET					
31. CITY		32. COUNTY/PROVINCE		33. ZIP CODE	
SANTA MONICA		LOS ANGELES		90405	
34. YEARS IN COUNTY		35. STATE/FOREIGN COUNTRY			
53		CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP					
RUSSELL JENSEN, HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)					
2617 30TH STREET, SANTA MONICA, CA 90405					
36. NAME OF SURVIVING SPOUSE - First		37. MIDDLE		38. LAST (Surname)	
RUSSELL		SOREN		JENSEN	
39. NAME OF FATHER - First		32. MIDDLE		33. LAST	
PETER		I		ERICKSON	
34. BIRTH STATE		35. BIRTH STATE		36. BIRTH STATE	
SD		SD		MI	
35. NAME OF MOTHER - First		36. MIDDLE		37. LAST (Surname)	
HARRIET		DORTHEA		HALL	
39. DISPOSITION DATE - month/day		40. PLACE OF FINAL DISPOSITION			
02/13/2008		CEDAR LAWN MEMORIAL PARK 1350 E. PIERCE STREET, COUNCIL BLUFFS, IA 51503			
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
TR/BU		CARLOS SOLORZANO		EMB8704	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
GATES, KINGSLEY & GATES MOELLER		FO451		JONATHAN FIELDING, MD	
47. DATE - month/day		48. DATE - month/day			
02/08/2008		02/08/2008			
101. PLACE OF DEATH					
SAINT JOHNS HEALTH CENTER					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		104. CITY	
<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other				SANTA MONICA	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or locality)		106. COUNTY			
1328 22ND STREET		LOS ANGELES			
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular decubitus without showing the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (Final phase or condition resulting in death)		108. TIME ELAPSED (in hours)		109. DEATH REPORTED TO CORONER?	
→ IN SEPSIS		2 DAYS		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
→ PERIPHERAL VASCULAR DISEASE		3 YRS		110. BIOPSY PERFORMED?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. AUTOPSY PERFORMED?		112. USED IN DETERMINING CAUSE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REGULATED IN THE UNDERLYING CAUSE GIVEN IN 107					
CEREBRAL VASCULAR DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION PRIOR TO DEATH OR 112? (If yes, list type of operation and date)					
NO					
114. IF FEMALE, PRECANT IN LAST YEAR?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> U/AC					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Admitted Since		Peter Lefevre M.D.		A70856	
Decedent Last Seen Alive		117. DATE - month/day		118. DATE - month/day	
03/12/2004		02/02/2008		02/06/2008	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
PETER LEFEVRE M.D. 1131 WILSHIRE BLVD STE 100, SANTA MONICA, CA 90401					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED		120. INJURED AT WORK?		121. INJURY DATE - month/day	
MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> U/AC			
122. PLACE OF INJURY (e.g., home, commercial site, wooded area, etc.)					
123. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
124. DESCRIBE HOW INJURY OCCURRED (If words which are ruled in figures)					
125. SIGNATURE OF CORONER/DEPUTY CORONER					
Jonathan E. Fielding		127. DATE - month/day		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	

STATE REGISTRAR A B C D E FAX AUTH # CENSUS TRACT

"012008000723384"

* HD1065611 *

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding
BU
Director of Public Health and Registrar

DATE ISSUED FEB 19 2008

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052014137688

CERTIFICATE OF DEATH

3201419030577

Ex. B

1. NAME OF DECEDENT - FIRST (Given) RUSSELL		2. MIDDLE SOREN		3. LAST (BIRTH) JENSEN	
4. DATE OF BIRTH mm/dd/yyyy 02/05/1919				5. AGE Yrs. 95	6. SEX M
8. BIRTH STATE/FOREIGN COUNTRY IA		10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS/POF (at time of death) WIDOWED	
13. EDUCATION - highest level/degree SOME COLLEGE		14. RACE WHITE		7. DATE OF DEATH mm/dd/yyyy 07/24/2014	
17. USUAL OCCUPATION - Type of work for most of life, DO NOT USE RETIRED ENGINEER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AEROSPACE		16. HOURS (24 Hours) 1745	
19. DECEDENT'S RESIDENCE (Street and number, or location) 2617 30TH STREET					
21. CITY SANTA MONICA		23. ZIP CODE 90405		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP DANE J. JENSEN, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or post route number, city or town, state and zip) 2817 30TH STREET, SANTA MONICA, CA 90405		
28. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST OLUF		29. MIDDLE FREDERICK		30. LAST (BIRTH NAME) JENSEN	
31. NAME OF FATHER/PARENT-FIRST AMANDA		32. MIDDLE WILSON		33. LAST (BIRTH NAME) WILSON	
34. BIRTH STATE KS		35. BIRTH STATE IA		36. BIRTH STATE IA	
38. DEPOSITION DATE mm/dd/yyyy 07/31/2014		39. PLACE OF FINAL DEPOSITION MEMORIAL PARK COUNCIL BLUFFS, IA			
41. TYPE OF DISPOSITION TR/BU		42. SIGNATURE OF EMBAJADER CHRISTOPHER LOWE		43. LICENSE NUMBER EMB8885	
44. NAME OF FUNERAL ESTABLISHMENT GATES, KINGSLEY & GATES MOELLER MURPHY FUNERAL DIRECTORS		45. LICENSE NUMBER FD451		46. SIGNATURE OF LOCAL REGISTRAR JONATHAN FIELDING, MD	
47. DATE mm/dd/yyyy 07/28/2014					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> EYON <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. CITY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE BODILY REMAINS WERE LOCATED 2617 30TH STREET		106. CITY SANTA MONICA	
107. CAUSE OF DEATH W CARDIOPULMONARY ARREST CARDIOVASCULAR DISEASE		108. TIME OF DEATH MIN		109. CORONER PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED BY DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MENTIONED IN THE IMMEDIATE CAUSE OR ICD-9 NONE					
113. MAJOR OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112 (If yes, see item 101 and 102) NO					
114. SIGNATURE AND TITLE OF CERTIFIER MATTHEW LEFFERMAN, DO		115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MATTHEW LEFFERMAN, DO 8233 WEST PICO BOULEVARD SUITE 230, LOS ANGELES, CA 90035		116. LICENSE NUMBER 20A8857	
117. DATE mm/dd/yyyy 07/22/2014		118. DATE mm/dd/yyyy 07/24/2014		119. DATE mm/dd/yyyy 07/28/2014	
120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Coroner to be Determined		121. INJURED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOURS (24 Hours) 1745	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTHORITY		CERTIFICAT TRACK	

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

0000271431

Jonathan B. Fielding, MD
Director of Public Health and Registrar

AUG - 1 2014

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

