

BK: 2016 PG: 2229
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Fee Amount: \$17.00
Revenue Tax: \$959.20
LISA SMITH RECORDER
Madison County, Iowa



TRUSTEE WARRANTY DEED

THE IOWA STATE BAR ASSOCIATION
Official Form No. 107
Recorder's Cover Sheet

Preparer Information: (Name, address and phone number)
Samuel H. Braland, P.O. Box 370, Earlham, Iowa 50072 (515) 758-2267

Taxpayer Information: (Name and complete address)
Nicholas W. Price and Doreen A. Price
1509 Heritage Avenue
Earlham, Iowa 50072

Return Document To: (Name and complete address)
Samuel H. Braland
P.O. Box 370
Earlham, Iowa 50072

Grantors:
Helen M. Shifflett Trust

Grantees:
Nicholas W. Price
Doreen A. Price

Legal description: See Page 2

Document or instrument number of previously recorded documents:



TRUSTEE WARRANTY DEED
(INTER-VIVOS TRUST)

For the consideration of \$600,000.00 and no/100ths Dollar(s) and other valuable consideration, Stephen R. Shifflett

(Trustee) (Co-Trustee) of the HELEN M. SHIFFLETT TRUST dated March 6, 2010

does hereby convey to NICHOLAS W. PRICE and DOREEN A. PRICE, husband and wife, as joint tenants with full rights of survivorship, and not as tenants in common, the following described real estate in Madison County, Iowa:

The Southwest Quarter of the Northeast Quarter (SW 1/4 NE 1/4) and the Northwest Quarter of the Southeast Quarter (NW 1/4 SE 1/4) of Section 32, Township 77 North, Range 28 West of the 5th P.M., Madison County, Iowa.

The grantor hereby covenants with grantees, and successors in interest, that grantor holds the real estate by title in fee simple; that grantor has good and lawful authority to sell and convey the real estate; that the real estate is free and clear of all liens and encumbrances, except as may be above stated; and grantor covenants to warrant and defend the real estate against the lawful claims of all persons, except as may be above stated.

The grantor further warrants to the grantees all of the following: That the trust pursuant to which the transfer is made is duly executed and in existence; that to the knowledge of the grantor the person creating the trust was under no disability or infirmity at the time the trust was created; that the transfer by the trustee to the grantees is effective and rightful; and that the trustee knows of no facts or legal claims which might impair the validity of the trust or the validity of the transfer.

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

Dated on July 18, 2016

By: (title)

By: (title)

As (Trustee) (Co-Trustee) of The above entitled trust

Signature of Stephen R. Shifflett
Stephen R. Shifflett
As (Trustee) (Co-Trustee) of The above entitled trust

STATE OF IOWA, COUNTY OF MADISON

This record was acknowledged before me on July 18, 2016, by Stephen R. Shifflett as trustee of the Helen M. Shifflett Trust dated March 6, 2010

Signature of Notary Public

