above described in accordance with the provisions of Section 614.17 of the Code of Iowa.

COMPARED

Mary E. Welty Recorder
of Madison County, Iowa.

Arizona State Dept. of Health
To
Elisha Vern McKinney

#2727
Fee $1.00 V.G.H.

Filed for record the 2 day of August A. D. 1957 at 4:00 o'clock P.M.
Mary E. Welty, Recorder

CERTIFIED COPY OF CERTIFICATE OF DEATH State File No. 1631
Registrar No. 567

ARIZONA STATE DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS

1. Place of Death
A. County Maricopa B. City or Town Phoenix (Rural) C. Length of Stay - In This Place 8 yrs In Arizona 8 Yrs D. Full Name of Hospital or Institution 8938 No. 1st Street

2. Usual Residence
A. State Arizona B. County Maricopa C. City or Town Phoenix (Rural)
D. Street Address 8938 No. 1st Street

3. Name of Deceased A. First	B. Middle	C. Last	4. Sex
Elisha	Vern	McKinney	Male

5. Color Or Race	6. Married	7. Date of Birth	Month	Day	Year
White	X		9	16	85

8. Age Years	Months	Days	9A Usual Occupation	9B. Kind of Business or Industry
65	5	20	Farmer	Grain Farm

10. Birthplace	11. Citizen of What Country	12. Was Deceased Ever in U.S. Armed Forces	13. Social Security No.
Iowa	USA		-

14A. Fathers Name	14B. Birthplace	15A. Mothers Maiden Name	15B. Birthplace
Winfield Scott McKinney	Unknown	Arabelle - ?	Unknown

16. Informants Signature: Mel Carson — Address: 8938 N. 1st. St.

17. Date of Death: Month March, Day 7, Year 51

Medical Certification

18. Cause of Death

		Interval Between Onset And Death
I. Disease or Condition Directly Leading To Death	a. Cardiac Decompensation	2 hrs.
Antecedent Causes Due To	b. Myocarditic	2 yrs
Due To	c. Arteriosclerosis	3 yrs
II. Other Significant Conditions	-	

19A. Date of Operation - 19B. Major Findings Of Operation - 20. Autopsy No.

21A. Accident - Suicide - Homicide - 21B. Place Of Injury - 21C. City Or Town - -

21D. Time Of Injury - 21E. Injury Occurred - 21 F. How Did Injury Occur -

22. I hereby certify that I attended the deceased from May 1948 to 7 Mar 1951. That I last saw the deceased alive on 16 Feb. 1951 and that death occurred at ? m. from the causes and on the date stated above.

24A. Removal	24B. Date	24C. Name of Cemetery	24D. Location
	March 9, 1951	Downey Cemetery	Downey, Idaho

23A. Signature	Degree	23B. Address	23C. Date Signed
C. F. Risser	M.D.	No. Central Ave., Phoenix	Mar. 8, 51

25A. Date Recd By Local Reg.	25B. Registrars Signature	26. Funeral Directors Signature
3/8/51	Bulah Sutton ?	Don Ward

27. Embalmers Signature	Address	Cert No
Don Ward	Phoenix	288R

State of Arizona County of Maricopa) ss. Date 7-26-57

I hereby certify that the attached is a true and correct copy of the record on file with the Division of Vital Statistics, Arizona State Department of Health.

C. G. Salsbury, M. D.
State Registrar and Commissioner of Public Health

(SEAL OF STATE DEPARTMENT OF HEALTH)

COMPARED

Melvin Rthise
Director of Records and Statistics

By: Clerk Vinton Case

E. R. Leinard
To
T. M. Leinard

#2745
Fee $1.00 V.G.H.

Filed for record the 6 day of August A. D. 1957 at 8:00 o'clock A. M.
Mary E. Welty, Recorder

POWER OF ATTORNEY

Know All Men by These Presents: That the undersigned E. R. Leinard of Madison County, Iowa, do hereby make, constitute and appoint my son, T. M. Leinard of Adair County, Iowa,

their true and lawful Attorney-in-Fact, with full right, power and authority for them, and in their names, place and stead:

To endorse all my government pension checks and social security checks in my behalf and to deposit said checks in my account in the Union State Bank of Winterset, Iowa, to collect all moneys due me and endorse and cash all other checks payable to me and deposit the proceeds therefrom in my checking account in the Union State Bank of Winterset, Iowa; to write checks on said account to pay for my care, support, medicines, and expenses; to pay any bills or accounts incurred by me, and in general to do all things necessary to look after, manage, and handle my affairs the same as I could do if I were physically able.

Giving and Granting unto said Attorney-in-Fact the full power and authority to do and perform each and every act, deed, matter, and thing whatsoever required and necessary to be done in and about the foregoing, as fully as the undersigned might or could do if personally present and acting.

The undersigned further direct that this Power of Attorney shall take effect immediately and shall be irrevocable unless and until such time as there is filed of record a duly acknowledged revocation of this instrument in the same office in which the instrument containing this power is recorded. (Code Section 558.1)

Each of the undersigned do hereby authorize said Attorney-in-Fact to relinquish all our 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 feminine or masculine gender, according to the context.

Signed this 5 day of August, 1957, at - -.

E. R. Leinard

STATE OF IOWA, MADISON COUNTY, SS:

On this 5 day of August, A.D. 1957, before me, the undersigned, a Notary Public in and for said County, in said State, personally appeared E. R. Leinard to me known to be the identical persong named in and who executed the foregoing instrument, and acknowledged that they executed the same as their voluntary act and deed.

NOTARIAL SEAL

Shirley A. Webster Notary Public in and for said County

Fay O'Hara To The Public

#2801

Fee $ 2.80 V.G.H.

Filed for record the 9 day of August A. D. 1957 at 2:45 o'clock P. M.

Mary E. Welty, Recorder

AFFIDAVIT

State of Iowa, Madison County) ss:

I, Fay O'Hara, being duly sworn, depose and say: that I am of legal age and a resident of Madison County, Iowa; that I am a daughter of W. L. Coen, who died on August 7, 1940, and who was a resident of Madison County, Iowa, at the time of his death, and whose estate was probated as No. 4500 Probate in Madison County, Iowa, District Court; that said W. L. Coen, at the time of his death, was the owner of, and in possession of, the following described real estate situated in Madison County, Iowa, to-wit:

Lots One (1) and Two (2), in Block Three (3) of the Original Town Plat of Patterson, Iowa;

Lots One (1), Two (2), Three (3) and Four (4), in Block One (1) of the Original Town Plat of Patterson, Iowa, subject to conveyance to Madison County, Iowa, by conveyance recorded in Town Lot Deed Record 17, of Madison County, Iowa, Records, at Page 37, for road purposes and for use as a public highway of the tract bounded by and included within a line running as follows: commencing at the Northeast Corner of the Town of Patterson, Iowa, running thence West along the North line of Block One of the Town of Patterson, Iowa, for 302.7 feet, thence Southeasterly for 183 feet, thence East for 169.7 feet to the East Corporation line of the Town of Patterson, Iowa, thence North 137 feet to the point of beginning;

State of Iowa } ss.
Madison County }

I hereby certify that the annexed affidavit was filed by ____ the owner in possession of the ____ as is Mentioned therein. Dated August 9 19 57

Mary E. Welty Recorder