



Document 2019 2077

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Rec Amt \$17.00 Aud Amt \$5.00 INDX

Rev Transfer Tax \$379.20 ANNO

Rev Stamp# 256 DOV# 264 SCAN

LISA SMITH, COUNTY RECORDER CHEK  
MADISON COUNTY IOWA



**WARRANTY DEED**  
THE IOWA STATE BAR ASSOCIATION  
Official Form No. 101  
Recorder's Cover Sheet

\$237,500

**Preparer Information:** (Name, address and phone number)

Samuel H. Braland, 115 E. First Street, P.O. Box 370, Earlham, Iowa 50072 (515) 758-2267

**Taxpayer Information:** (Name and complete address)

Parker L. Frey  
1386 Fawn Avenue  
Earlham, Iowa 50072

**Return Document To:** (Name and complete address)

Samuel H. Braland  
P.O. Box 370  
Earlham, Iowa 50072

**Grantors:**

Geoffrey Adam Bricker

**Grantees:**

Parker L. Frey

**Legal description:** See Page 2

**Document or instrument number of previously recorded documents:**



WARRANTY DEED

For the consideration of \$237,500.00 and no/100ths----- Dollar(s) and other valuable consideration, GEOFFREY ADAM BRICKER and ALMA ISMAEL BRICKER, husband and wife, PARKER L. FREY do hereby Convey to the following described real estate in Madison County, Iowa:

An undivided 25% interest in and to:

The Southwest Quarter (SW¼) of Section 22, Township 77 North, Range 29 West of the 5th P.M., Madison County, Iowa.



Grantors do Hereby Covenant with grantees, and successors in interest, that grantors hold the real estate by title in fee simple; that they have 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 grantors Covenant to Warrant and Defend the real estate against the lawful claims of all persons except as may be above stated. Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the real estate. Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

Dated on June 20, 2019.

Signature of Geoffrey Adam Bricker
Geoffrey Adam Bricker (Grantor)

(Grantor)

Signature of Alma Ismael Bricker
Alma Ismael Bricker (Grantor)

(Grantor)

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

This record was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_

See Acknowledgment Attached

Signature of Notary Public see attached

# CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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 Riverside }

On 06-20-19 before me, Candice Nicole McGowan, Notary Public  
(Here insert name and title of the officer)

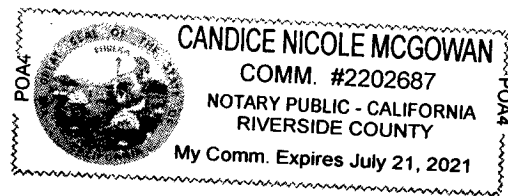
personally appeared Geoffrey Adam Bricker and Alma Ismael Bricker who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~/are subscribed to the within instrument and acknowledged to me that ~~he~~/she/they executed the same in ~~his~~/her/their authorized capacity(ies), 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.

Candice Nicole McGowan  
 Notary Public Signature

(Notary Public Seal)



### ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

\_\_\_\_\_  
(Title or description of attached document)

\_\_\_\_\_  
(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

### CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
- Corporate Officer
- \_\_\_\_\_  
(Title)
- Partner(s)
- Attorney-in-Fact
- Trustee(s)
- Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they~~, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.