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Trustee



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Date 2/05/2024 Time 1:26:35PM
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Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

[THIS SPACE FOR RECORDER'S USE ONLY]

DOCUMENT TITLE: AFFIDAVIT - DEATH OF TRUSTEE

**IN RE: KEHRLI FAMILY REVOCABLE TRUST OF MAY 17, 2005
NED F. KEHRLI, Deceased Trustor/Trustee
CAROLYN W. KEHRLI, Surviving Trustor/Trustee**

**MAIL TAX STATEMENTS TO: Carolyn W. Kehrli, Trustee
1410 Burlwood Court
Tulare, CA 93274**

Legal Description: APN: 330190000200 (See Exhibit A for full legal)

(Exemption No. 21) Affidavit of Death of Trustee Consideration is five hundred dollars or less.

THIS PAGE ADDED TO PROVIDE ADEQUATE SPACE FOR RECORDING INFORMATION
[ADDITIONAL RECORDING FEE APPLIES]

AFFIDAVIT - DEATH OF TRUSTEE

The undersigned, being of legal age, first duly sworn, deposes

and says:

1. On May 17, 2005, NED F. KEHRLI and CAROLYN W. KEHRLI, as Trustors, entered into a Declaration of Trust pursuant to which was established the KEHRLI FAMILY REVOCABLE TRUST. Pursuant to the terms of said Declaration Trust, NED F. KEHRLI and CAROLYN W. KEHRLI were named as the original Trustees.

2. On May 17, 2005, the Trustors transferred real property into the KEHRLI FAMILY REVOCABLE TRUST OF MAY 17, 2005, by Warranty Deed dated June 21, and recorded on June 27, 2005, as Instrument No. 2005-2210, Official Records of Delaware County, Iowa. The legal description of the real property subject to the transfer described above is set forth on Exhibit A attached hereto and made a part hereof.

3. On April 12, 2018, the Trustors executed an Amended and Restated Declaration of Trust by which they amended and restated the KEHRLI FAMILY REVOCABLE TRUST OF MAY 17, 2005 in its entirety. Said trust, as amended and restated, is in full force and effect.

4. NED F. KEHRLI, also known as NED FRANCIS KEHRLI, died on April 23, 2023, as evidenced by the certified copy of his Certificate of Death which is attached hereto and incorporated herein by reference.

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4. The Declaration of Trust provides that upon the death of NED F. KEHRLI, CAROLYN W. KEHRLI shall serve as sole Trustee of all trusts created pursuant to said Declaration of Trust.

5. CAROLYN W. KEHRLI, as sole Trustee of the subject trust, is recording this Affidavit with the ^{Delaware}~~Mississippi~~ County Recorder to establish her sole authority as Trustee pursuant to the terms of the Declaration of Trust, and to enable her to administer and distribute trust real property pursuant to the terms of the Declaration of Trust.

6. Titleholders of the foregoing real property until the death of NED F. KEHRLI were NED F. KEHRLI and CAROLYN W. KEHRLI, as Trustees of the KEHRLI FAMILY REVOCABLE TRUST OF MAY 17, 2005. As a result of the death of NED F. KEHRLI, the titleholder of said real property is CAROLYN W. KEHRLI, as sole Trustee of the KEHRLI FAMILY REVOCABLE TRUST OF MAY 17, 2005.

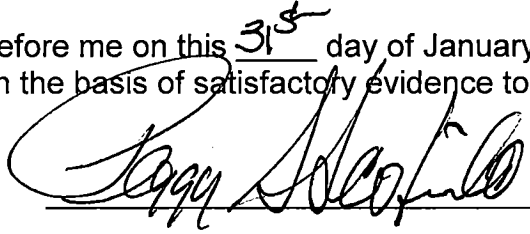
Dated: January 31, 2024.


CAROLYN W. KEHRLI

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)
) ss.
COUNTY OF TULARE)

Subscribed and sworn to (or affirmed) before me on this 31st day of January, 2024, by CAROLYN W. KEHRLI, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



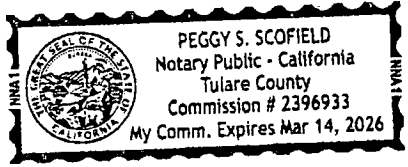


EXHIBIT A
LEGAL DESCRIPTION

An undivided one-half interest in:

The West one-half (W1/2) of the Northwest Quarter (NW1/4) of Section Nineteen (19), Township Eighty-seven North (T87N), Range Five West (R5W) of the 5th P. M., Delaware County, Iowa, except all that part thereof lying Westerly of a line commencing at a point 290.9 feet Easterly of the Northwest Corner of said Northwest Quarter (NW1/4), on the North line thereof; thence S 44° 30 1/2' W 279.2 feet; thence S 02° 44 1/2' E 847.3 feet; thence S 02° 04' E 282.6 feet; thence S 00° then 45' W 728.6 feet; thence S 02° 06 1/2' W 603.3 feet, to a point 114.2 feet Easterly of the Southwest Corner of said Northwest Quarter (NW1/4) on the South line thereof. The West line of the Northwest Quarter (NW1/4) of said Section Nineteen (19) is assumed to bear North and South.

(Exemption No. 21.)

[APN:330190000200; Delaware County, Iowa]

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

COUNTY OF TULARE

TULARE, CALIFORNIA

3052023089987

CERTIFICATE OF DEATH

3202354001003

Form containing fields for decedent's personal data, usual residence, informant, spouse/parent information, funeral directory, place of death, cause of death, physician's certification, and coroner's use only.

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF TULARE
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.

Barcode and identification number: * 000440775 *

DATE ISSUED JUNE 28 2023

Thomas Overton, M.D., Tulare County Deputy Health Officer
Registrar of Vital Statistics

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

COUNTY OF TULARE

TULARE, CALIFORNIA

3052023089987

AFFIDAVIT TO AMEND A RECORD

3202354001003

STATE FILE NUMBER

NO ERASURES, WHITEOUTS, PHOTOCOPIES OR ALTERATIONS

LOCAL REGISTRATION NUMBER

1.1

[X] BIRTH [X] DEATH [] FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

Form with fields: 1A. NAME - FIRST (NED), 1B. MIDDLE (FRANCIS), 1C. LAST (KEHRLI), 2. SEX (M), 3. DATE OF EVENT (04/23/2023), 4. CITY OF EVENT (TULARE), 5. COUNTY OF EVENT (TULARE), 6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD (WILLIAM VINCENT KEHRLI), 7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD (MARY IDA DAWEN)

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

Table with 3 columns: 8. ITEM NUMBER TO BE CORRECTED (37), 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD (DAWEN), 10. CORRECTED INFORMATION AS IT SHOULD APPEAR (DALEN)

2 OF 2

11. TO CORRECT MOTHER'S MAIDEN NAME

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

Signature section with fields: 12A. SIGNATURE OF FIRST PERSON (REBECCA L BURGESS), 12B. PRINTED NAME (REBECCA L BURGESS), 12C. TITLE/RELATIONSHIP TO PERSON IN PART I (FUNERAL HOME STAFF LEVEL), 12D. ADDRESS (1154 W SHAW AVE, FRESNO, CA 93711), 12E. DATE SIGNED (05/03/2023), 13A. SIGNATURE OF SECOND PERSON (WILLIAM R JONES), 13B. PRINTED NAME (WILLIAM R JONES), 13C. TITLE/RELATIONSHIP TO PERSON IN PART I (FUNERAL HOME STAFF LEVEL), 13D. ADDRESS (1154 W SHAW AVE, FRESNO, CA 93711), 13E. DATE SIGNED (05/03/2023), 14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR (CDPH-VR), 15. DATE ACCEPTED FOR REGISTRATION (05/04/2023)

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24e (REV. 1/08)

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.



* 000440785 *

DATE ISSUED JUNE 28 2023

Thomas Overton, M.D., Tulare County Deputy Health Officer Registrar of Vital Statistics

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