County Form No. 55 (Rev. 1958)

RECORD OF TRANSFERS—MARCH 1, 19____ TO MARCH 1, 19____

Township or Corporation _____

FROM WHOM TRANSFERRED K	TO WHOM TRANSFERRED AND ADDRESS L	INSTRUMENT Kind M	INSTRUMENT Date N	TRANSFER Date O	Transfer Fees
Clay Family Medicine 11/8/89					
Hendrickson, Mary D 2/7/90					
Bell, Ray etal 2/8/90					
Row Certificate - 2/3/66					
Hendrickson, Mary D 9/11/91					
~~Bell, Ray~~ Cecelia Fama 4/19/93					