AFFIDAVIT RE: REAL ESTATE

STATE OF IOWA)
)ss.
DELAWARE COUNTY)

I, the undersigned, make this Affidavit in connection with the following described real estate in Delaware County, Iowa, to-wit:

> The North eighty (80.0) feet of the West one-half (W½) of Lot Six Hundred Forty Nine (649), and the North eighty (80.0) feet of the East two-thirds (E 2/3) of Lot Six Hundred Fifty (650), Manchester, Iowa, according to plat recorded in Book I L.D., Page 284

That I caused to be served upon Samantha M. Petersen, a minor child, by Connie I. Petersen, her mother and next friend, in care of Child Support Recovery Office, 4th Floor, KWWL Building, PO Box 2635, Waterloo, Iowa, 50704, a Notice of Election of Alternative Non-Judicial Voluntary Foreclosure Procedure by certified mail, by depositing the same on May 22, 1991, in the United States Post Office mail receptacle in Manchester, Delaware County, Iowa.

Attached hereto is receipt for certified mail and return receipt showing service on said party and date of delivery on May 27, 1991.

Amy J. Blumer

Amy J. Blumer

Subscribed and sworn to before me this 13th day of June, 1991.

DANIEL H. SWIFT
MY COMMISSION EXPIRES
November 1, 1993

Notary Public in and for the State of Iowa.

FILE No. 103-2990	FILED FOR RECORD THE 14 DAY OF	STATE OF IOWA, DELAWARE COUNTY
RECORDING FEE $ 10.00	June, 19 91 AT 8:53	Joan Sheppard, Recorder
TRANSFER FEE $	O'CLOCK A M. BOOK 16 PAGE 337	By Aff, Deputy

P 387 831 903

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Ms. ~~Samantha M. Petersen~~ Ms. Connie I. Petersen	
Street and No. ~~c/o Child Support Recovery Unit~~ 4th Floor, KWWL Bldg, PO Box 2635	
P.O., State and ZIP Code Waterloo, Iowa 50704	
Postage	$ .29
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1.00
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	$ 2.29
Postmark or Date	MAY 22 1991 WATERLOO, IA USPO

PS Form 3800, June 1985 *U.S.G.P.O. 1989-234-555

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● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to:
Ms. Samantha M. Petersen
Ms. Connie I. Petersen
c/o Child Support Recovery Unit
4th Floor, KWWL Building
PO Box 2635
Waterloo, Iowa 50704

4. Article Number
P- 387 831 903

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☒ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X Cleo G. Farris

6. Signature – Agent
X

7. Date of Delivery
23 MAY 91

8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT