

**BK: 2019 PG: 2760**  
**Recorded: 9/3/2019 at 1:50:33.0 PM**  
**Pages 3**  
**County Recording Fee: \$22.00**  
**Iowa E-Filing Fee: \$3.00**  
**Combined Fee: \$25.00**  
**Revenue Tax:**  
**LISA SMITH RECORDER**  
**Madison County, Iowa**

**AFFIDAVIT OF SURVIVING JOINT TENANT**

**RETURN TO:**  
**FNC TITLE SERVICES, LLC**  
**1300 PICCARD DRIVE, SUITE 105**  
**ROCKVILLE, MD 20850**

**Prepared By:**  
**FNC TITLE SERVICES, LLC**  
**1300 PICCARD DRIVE, SUITE 105**  
**ROCKVILLE, MD 20850**  
**JOSIE BERGLING**  
**240-864-4844**

**FILE NO: 2019-06-700**

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF Iowa )  
COUNTY OF Madison ) SS.

Now on this 23 day of Aug, 2019, I, Cheryl A. Bywaters, of lawful age, being duly sworn, state as follows:

On the 4th day of January, 1999, this interest was conveyed by document to R. Allan Bywaters and Cheryl A. Bywaters, as Joints Tenants, and not as Tenants in Common, with the right of survivorship, the following real property situated in Madison County, Iowa, to wit:

THE EAST HALF (1/2) OF THE SOUTHWEST QUARTER (1/4) OF THE NORTHWEST QUARTER (1/4) OF SECTION TWENTY-FOUR (24), TOWNSHIP SEVENTY-FOUR (74) NORTH, RANGE TWENTY-SIX (26) WEST OF THE 5 P.M., MADISON COUNTY, IOWA.

Which document was recorded in the records of the County Clerk of Madison County, State of Iowa, Book 141, at Page 2. There is attached hereto a certified copy of the Death Certificate of R. Allan Bywaters, deceased, issued by the Department of Health for the State of Iowa showing that the deceased Joint Tenant died on the 8th day of August, 2017. Affiant further states that he/she is the surviving joint tenant in the described property, and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth.

Affiant further states that on the date of deceased joint tenant's death the two were married to each other and that affiant is the surviving spouse.

And further affiant saith not.

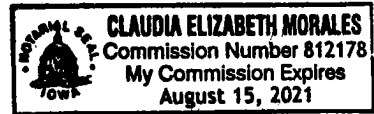
Signed Cheryl A. Bywaters  
Affiant

Subscribed and sworn to before me this 23 day of Aug, 2019  
My [Signature] Commission Expires: Aug 15, 2021

Notary Public

ACKNOWLEDGMENT

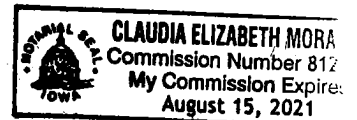
STATE OF Iowa )  
COUNTY OF Madison ) SS.



23 Before me, the undersigned, a Notary Public, in and for said County and State on the 23 day of Aug, 2019, personally appeared [Signature] to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that [Signature] executed the same as free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires: Aug 15, 2021  
[Signature]  
Notary Public



CERTIFICATION OF VITAL RECORD

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

114-2017-017944

BIRTH NUMBER: Not Available

DECEDENT INFORMATION

NAME: Robert Allan Bywaters

DATE FILED: 08/14/2017

PLACE OF BIRTH: Maryland
ARMED FORCES: Yes

SSN:
SEX: Male
DATE OF BIRTH/AGE: 07/05/1954 63 Years

NAMES (PRIOR TO ANY MARRIAGE):

DECEDENT LAST: Bywaters
FATHER'S NAME: Charles Robert Bywaters
MOTHER'S NAME: Hazel Virginia Childress
RESIDENTIAL ADDRESS: 3117 Walnut Lane
Truro, Iowa 50257

CITIZENSHIP: United States
MARITAL STATUS: Married
SURVIVING SPOUSE: Cheryl Ann Mattix
RESIDENCE COUNTY: Madison
COUNTY OF DEATH: Madison

INFORMANT NAME: Cheryl Ann Bywaters
INFORMANT RELATIONSHIP: Spouse

INFORMANT ADDRESS: 3117 Walnut Lane
Truro, Iowa 50257
PLACE OF DEATH: Decedent's Home
FACILITY/ADDRESS: 3117 Walnut Lane
Truro, Iowa 50257

DATE/TIME OF DEATH: 08/08/2017 (Actual)
04:25 AM (Actual)

M.E. CONTACTED: No

MEDICAL CAUSE OF DEATH INFORMATION

INTERVAL UNITS

IMMEDIATE CAUSE OF DEATH: Metastatic Lung Cancer
DUE TO OR AS A CONSEQUENCE OF:
DUE TO OR AS A CONSEQUENCE OF:
UNDERLYING CAUSE, IF ANY:
OTHER SIGNIFICANT CONDITIONS:

Months

MANNER OF DEATH: Natural
AUTOPSY PERFORMED/FINDINGS: No

TOBACCO CONTRIBUTED TO DEATH: No

LOCATION OF INJURY:

TRANSPORTATION INJURY: No

99999
DESCRIPTION OF INJURY: None

CERTIFIER/TITLE: Babar Ahmed MD
DATE CERTIFIED: 08/13/2017

CERTIFIER ADDRESS: 417 SE Street
Corydon, Iowa 50060

FUNERAL HOME: Des Moines Cremation
West Des Moines, Iowa 50266
METHOD: Cremation

DISPOSITION

FUNERAL DIRECTOR: Kevin M. Seely
PLACE: Dunn's Crematory-Des Moines
LOCATION: Des Moines, Iowa

This is to certify that this is a true and correct reproduction of the original record as recorded in this state, issued under the authority of Chapter 144, Code of Iowa.

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

THIS COPY NOT VALID UNLESS UNALTERED AND PREPARED ON CERTIFIED SECURITY PAPER

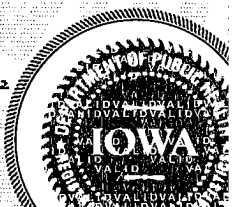
Polk
County of Issuance

Julie M. Haggerty
County Registrar

08/15/2017
DATE ISSUED

Kim Reynolds
GOVERNOR, STATE OF IOWA
Adam Gregg, Lt. Governor

Melissa R. Bind
DEPUTY STATE REGISTRAR



S2221376

FORM #588-0328S (Revised 01/2016)