



Document 2019 3603

Book 2019 Page 3603 Type 03 013 Pages 6

Date 11/12/2019 Time 10:50:46AM

Rec Amt \$32.00 Aud Amt \$5.00

INDX
ANNO
SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

This instrument prepared by and return to:

✓ DALLAS J. JANSSEN, Attorney at Law, 700 Second Avenue, Suite 103, Des Moines, Iowa 50309-1712
Ph # (515) 274-9161; Fax # (515) 274-1364

Mail Tax Statements to: Vikkie Jean Larsen, 1447 Warren Avenue, Cummings, Iowa 50061

**AFFIDAVIT OF SURVIVING SPOUSE FOR
CHANGE OF TITLE TO REAL ESTATE**

STATE OF IOWA)

) SS:

COUNTY OF POLK)

I, **VIKKIE JEAN LARSEN**, being first duly sworn on oath, depose and state as follows:

1. I am the surviving spouse of **THEODORE NELSON LARSEN**, who died on the 3rd day of July, 2018.

2. The following described real estate, as it appears in **Book 105, Page 233**, in the Office of the Madison County Recorder, was owned only by **THEODORE NELSON LARSEN** and **SANDRA J. LARSEN**, husband and wife, as joint tenants with full rights of survivorship, at the time of **THEODORE NELSON LARSEN's** death:

South One-Half (S ½) of the South One-Half (S ½) of the Southeast Quarter (SE ¼) of the Northeast Quarter (NE ¼) of Section Twenty-five (25), Township Seventy-seven (77) North, Range Twenty-six (26) West 5th P.M., in Madison County, Iowa,

L/k/a: 1447 Warren Avenue, Cumming, Iowa 50061-3516.

3. **SANDRA JANE LARSEN** passed away on November 25, 2012. A copy of the Certificate of Death of Sandra Jane Larsen is attached hereto and by this reference made a part hereof.

4. **VIKKIE JEAN LARSEN**, was married to **THEODORE NELSON LARSEN** on September 17, 2014. A copy of the Certificate of Marriage of Theodore Nelson Larsen and Vikkie Jean Larsen is attached hereto and by this reference made a part hereof.

5. **THEODORE NELSON LARSEN** passed away on July 3, 2018. A copy of the Certificate of Death of Theodore Nelson Larsen is attached hereto and by this reference made a part hereof.

6. **VIKKIE JEAN LARSEN**, was duly appointed as Executor of the Estate of Theodore Nelson Larsen on September 10, 2018, in the Iowa District Court for Madison County, Case No. 05611 ESPR013043. A copy of the Letters of Appointment of Vikkie Jean Larsen is attached hereto and by this reference made a part hereof.

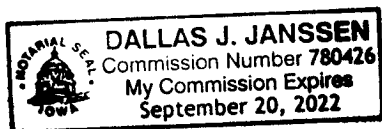
7. This Affiant, **VIKKIE JEAN LARSEN**, requests that Auditor of Madison County transfer this real estate in the sole name of **THEODORE NELSON LARSEN** so that **VIKKIE JEAN LARSEN**, as Executor of the Estate of Theodore Nelson Larsen, can transfer the above described real estate pursuant to the Last Will and Testament of Theodore Nelson Larsen, filed in the Iowa District Court for Madison County, Case No. 05611 ESPR013043.

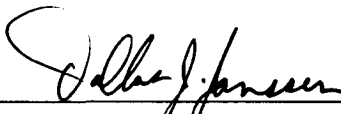
I hereby request that the Auditor enter this information on the transfer books pursuant to Section 558.66 of the Iowa Code.



VIKKIE JEAN LARSEN, Affiant

Subscribed and sworn to before me this 5th day of November, 2019.





Notary Public - State of Iowa

STATE OF IOWA
CERTIFICATION OF VITAL RECORD

STATE OF IOWA

County Record

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

114-

BIRTH NUMBER		FIRST		MIDDLE		LAST		SUFFIX, if any			
1. DECEDENT'S FULL NAME Sandra Jane Larsen											
2. SEX Female		3a. AGE - LAST BIRTHDAY 67 Years		3b. UNDER 1 YEAR Months Days		3c. UNDER 1 DAY Hours Minutes		4. DATE OF BIRTH (Month, Day, Year) May 31, 1945		5. COUNTY OF DEATH Madison	
6. PLACE OF BIRTH (City & State, or Foreign Country) Des Moines, Iowa				7. SOCIAL SECURITY NUMBER -6051			8. CITIZEN OF WHAT COUNTRY? United States		9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				10b. DECEDENT'S LAST NAME PRIOR TO ANY MARRIAGE (if ever married) Lowry			11. SURVIVING SPOUSE (Full name prior to any marriage) Theodore Nelson Larsen				
12a. RESIDENCE-STATE Iowa		12b. RESIDENCE-COUNTY Madison		12c. RESIDENCE-CITY OR TOWN Cumming		12d. RESIDENCE-STREET & NUMBER, ZIP CODE 1447 Warren Avenue 50061		12e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13. FATHER'S NAME William Leo Lowry		13. MOTHER'S NAME PRIOR TO ANY MARRIAGE Muriel Iona Higdon		14. INFORMANT'S NAME Ted Larsen			15. INFORMANT'S MAILING ADDRESS (Street & Number, City, State, Zip Code) 1447 Warren Avenue Cumming, Iowa 50061			15c. RELATIONSHIP TO DECEDENT Husband	
16. PLACE OF DEATH (Check only one)											
IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
17a. FACILITY NAME (if not institution, give street and number) 1447 Warren Avenue				17b. CITY, TOWN, OR LOCATION & ZIP CODE OF DEATH Cumming 50061			17c. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
18. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)											
18. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Resthaven Cemetery				20. LOCATION OF DISPOSITION (City or Town & State) West Des Moines, Iowa							
21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY McLaren's Chapel 801 - 19th Street West Des Moines, Iowa 50265				22a. FUNERAL DIRECTOR - Printed Name Andy Wegener		22b. FUNERAL DIRECTOR - Signature <i>Andy Wegener</i>		23. LICENSE NUMBER 2996			
PRONOUNCEMENT, CERTIFICATION AND CAUSE OF DEATH											
ITEMS 24 - 28 REQUIRED TO BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH				24. DATE PRONOUNCED DEAD (Month, Day, Year) (Spell out month) November 25, 2012			25. TIME PRONOUNCED DEAD TIME 0944 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military				
26. NAME OF PERSON PRONOUNCING DEATH (if different than certifier) (Type or print legibly) (MD, DO, PA, ARNP, RN, LPN)				27. TITLE		28. LICENSE NUMBER		29. MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) (Spell out month) November 25, 2012				30. ACTUAL OR PRESUMED TIME OF DEATH TIME 0100 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military		31b. If Yes, M.E. case number 12-61-0013					
32a. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.											
IMMEDIATE CAUSE (Final disease or condition resulting in death)				a. Arteriosclerotic Cardiovascular Disease				Months			
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				b. Diabetes Mellitus II				Years			
				c. Atrial Fibrillation				Years			
				d. Hypertension				Years			
32c. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
34. IF YES, WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No						37. MANNER OF DEATH					
35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		36. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined							
38. DATE OF INJURY (Month, Day, Year) (Spell out month)			39. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Military		40. PLACE OF INJURY (e.g., home, farm, street, roadway, etc.)		41. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No				
42. LOCATION OF INJURY: (Complete physical address - Street & Number, Apt. #, City or Town, State, Zip Code)						43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
44. DESCRIBE HOW INJURY OCCURRED											
45. CERTIFIER <input type="checkbox"/> Certifying MD, DO, PA, ARNP - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated (Check only one) <input checked="" type="checkbox"/> Medical Examiner (MD, DO) - On the basis of examination and/or investigation in my opinion, death occurred at the time, date & place, and due to the cause(s) & manner stated											
46. NAME & COMPLETE MAILING ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER Joseph Kimball, D.O., 300 Hutchings, Winterset IA 50273				47. DATE CERTIFIED (Month, Day, Year) 12/3/12		48. LICENSE NUMBER 3389		49. DATE RECEIVED BY REGISTRAR (Month, Day, Year) December 10, 2012			
50. FOR REGISTRAR USE ONLY - REGISTRAR SIGNATURE <i>Sara Smith</i>				50a. DATE RECEIVED BY REGISTRAR (Month, Day, Year) 12-3-12		50b. DATE RECEIVED BY REGISTRAR (Month, Day, Year) 12-3-12		50c. DATE RECEIVED BY REGISTRAR (Month, Day, Year) 12-3-12			

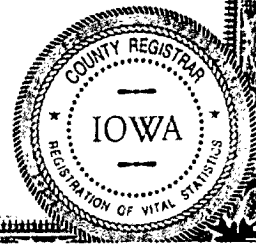
This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.

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

December 10, 2012 BY *Sara Smith* OF *Madison*
DATE ISSUED COUNTY REGISTRAR OF VITAL RECORDS COUNTY

C3643650
FORM 4588-0328C (03/2010)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



STATE OF IOWA
CERTIFICATION OF VITAL RECORD

STATE OF IOWA

County Record

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF MARRIAGE
Marriage Ceremony Performed in the State of Iowa

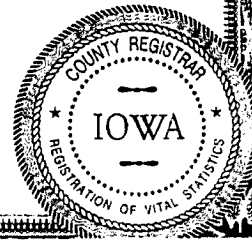
LICENSE COUNTY:	MADISON			114-		
	NUMBER:	1358, 20-358				
Spouse <input type="checkbox"/>	PARTY A - NAME BEFORE MARRIAGE FIRST		MIDDLE	LAST	SUFFIX, if any	LAST NAME PRIOR TO ANY MARRIAGE
	1a.	THEODORE	NELSON	LARSEN		LARSEN
Groom <input type="checkbox"/>	PARTY A - NAME AFTER MARRIAGE FIRST		MIDDLE	LAST	SUFFIX, if any	
	1c.	THEODORE	NELSON	LARSEN		
Bride <input checked="" type="checkbox"/>	RESIDENCE - STATE		RESIDENCE - COUNTY		RESIDENCE - CITY, TOWN, OR LOCATION	
	2a.	IOWA	2b.	MADISON	CUMMING	
Spouse <input type="checkbox"/>	STATE OF BIRTH (if not in U.S.A., name of foreign country)		DATE OF BIRTH (Month, Day, Year)		GENDER	
	3.	IOWA	4a.	June 23, 1943	4b. MALE	
Groom <input type="checkbox"/>	FATHER - CURRENT NAME		MOTHER - NAME PRIOR TO ANY MARRIAGE			
	5.	ELLWOOD MATHIUS LARSEN		6. PAULINA IRENE NELSON		
Spouse <input type="checkbox"/>	PARTY B - NAME BEFORE MARRIAGE FIRST		MIDDLE	LAST	SUFFIX, if any	LAST NAME PRIOR TO ANY MARRIAGE
	7a.	VICTORIA	JEAN	HURST		EVANS
Bride <input checked="" type="checkbox"/>	PARTY B - NAME AFTER MARRIAGE FIRST		MIDDLE	LAST	SUFFIX, if any	
	7c.	VIKKIE	JEAN	LARSEN		
Groom <input type="checkbox"/>	RESIDENCE - STATE		RESIDENCE - COUNTY		RESIDENCE - CITY, TOWN, OR LOCATION	
	8a.	IOWA	8b.	MADISON	8c. CUMMING	
Bride <input checked="" type="checkbox"/>	STATE OF BIRTH (if not in U.S.A., name of foreign country)		DATE OF BIRTH (Month, Day, Year)		GENDER	
	9.	IOWA	10a.	July 19, 1947	10b. FEMALE	
Groom <input checked="" type="checkbox"/>	FATHER - CURRENT NAME		MOTHER - NAME PRIOR TO ANY MARRIAGE			
	11.	JOHN CHARLES EVANS		12. EDITH IRENE THOMPSON		
SIGNATURE OF PARTY A (After marriage)		SIGNATURE OF PARTY B (After marriage)		DATE SIGNED (Month, Day, Year)		
13a. <i>Theodore L. Larsen</i>		13b. <i>Vikki Jean Larsen</i>		13c. 9/17/14		
I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON (Month, Day, Year)		PLACE OF MARRIAGE - COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (Specify Yes or No)
14a. 9/17/14		14b. Madison		14c. Winterset		14d. YES
OFFICIANT - SIGNATURE		OFFICIANT - MAILING ADDRESS (Street Address or Post Office Box, City or Town, State, Zip Code)				
15a. <i>Adam D Hanson</i>		15b. 55 Jefferson St, Ste 2 Winterset IA 50273				
WITNESS - SIGNATURE		WITNESS - SIGNATURE				
16a. <i>Dino Righi</i>		16b. <i>Judy R Houg</i>				
COUNTY REGISTRAR - SIGNATURE		DATE FILED (Month, Day, Year)				
17a. <i>Lisa Smith</i>		17b. 9-17-2014				

PLEASE PRINT NAMES OF: OFFICIANT Adam D Hanson
FIRST WITNESS DINO RIGHI
SECOND WITNESS Judy R Houg

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9-17-2014 BY Lisa Smith OF Madison
DATE ISSUED COUNTY REGISTRAR OF VITAL RECORDS COUNTY

C3967362
FORM #588-0328C (03/2010) WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



STATE OF IOWA
CERTIFICATION OF VITAL RECORD

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

114-2018-015747

BIRTH NUMBER: *Not Available*

DECEDENT INFORMATION

NAME: *Theodore Nelson Larsen*

DATE FILED: *07/17/2018*

PLACE OF BIRTH: *Iowa*

SSN: *4451*

ARMED FORCES: *Yes*

SEX: *Male*

DATE OF BIRTH/AGE: *06/23/1943 75 Years*

NAMES (PRIOR TO ANY MARRIAGE):

DECEDENT LAST: *Larsen*

CITIZENSHIP: *United States*

FATHER'S NAME: *Ellwood M Larsen*

MARITAL STATUS: *Married*

MOTHER'S NAME: *Paulina Irene Nelson*

SURVIVING SPOUSE: *Vikkie Jean Evans*

RESIDENTIAL ADDRESS: *1447 Warren Aveune
Cumming, Iowa 50061*

RESIDENCE COUNTY: *Madison*

COUNTY OF DEATH: *Madison*

INFORMANT NAME: *Vikkie Larsen*

INFORMANT ADDRESS: *1447 Warren Aveune*

INFORMANT RELATIONSHIP: *Wife*

Cumming, Iowa 50061

DATE/TIME OF DEATH: *07/03/2018 (Actual)
03:54 PM (Actual)*

PLACE OF DEATH: *Decedent's Home*

FACILITY/ADDRESS: *1447 Warren Avenue
Cumming, Iowa 50061*

M.E. CONTACTED: *Yes*

MEDICAL CAUSE OF DEATH INFORMATION

INTERVAL UNITS

IMMEDIATE CAUSE OF DEATH: *Arteriosclerotic Cardiovascular Disease*

10 Years

DUE TO OR AS A CONSEQUENCE OF: *Diabetes*

15 Years

DUE TO OR AS A CONSEQUENCE OF: *Morbid Obesity*

15 Years

UNDERLYING CAUSE, IF ANY:

OTHER SIGNIFICANT CONDITIONS:

MANNER OF DEATH: *Natural*

TOBACCO CONTRIBUTED TO DEATH: *No*

AUTOPSY PERFORMED/FINDINGS: *No*

ME CASE #: *18-61-0010*

LOCATION OF INJURY:

99999

DESCRIPTION OF INJURY: *None*

CERTIFIER/TITLE: *Joseph McPherson Kimball DO*

CERTIFIER ADDRESS: *Not Available*

DATE CERTIFIED: *07/13/2018*

Iowa

DISPOSITION

FUNERAL HOME: *McLaren's Funeral Chapel
West Des Moines, Iowa 50265*

FUNERAL DIRECTOR: *Andrew David Wegener*

METHOD: *Burial*

PLACE: *Resthaven Cemetery-West Des Moines*

LOCATION: *West Des Moines, Iowa*

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

Julie M. Haggerty

Melissa R. Bind

07/17/2018
DATE ISSUED

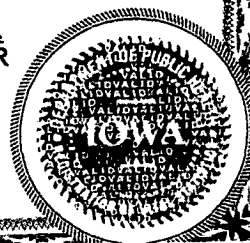
COUNTY REGISTRAR
County of Issuance: Polk

DEPUTY STATE REGISTRAR

FORM #588-0328S (Revised 09/2017)



S2608141



IN THE IOWA DISTRICT COURT FOR MADISON COUNTY

IN THE MATTER OF THE
ESTATE OF THEODORE NELSON LARSEN

Case No. 05611 ESPR013043

Letters of Appointment

Docket Event Code: LEAP

KNOW ALL PERSONS BY THESE PRESENTS:

That having been duly appointed and qualified as Executor of the above entitled matter,

VIKKIE JEAN LARSEN

is vested with all powers authorized by law in the premises.

Letters issued: 9/10/2018



/s/ Leisa Imboden

Clerk of Court/Designee

MADISON County