

Document 2020 1815

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Rec Amt \$12.00 Aud Amt \$5.00 Rev Transfer Tax \$607.20

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INDX V ANNO SCAN

LISA SMITH, COUNTY RECORDER MADISON COUNTY 10WA

CHEK

WARRAN	NTY DEED - JOINT TEN	NANCY
Return to: Mark L. Smith, P.	O. Box 230, Winterset, IA 502	73, (515)4 62- 3731
Taxpayer: Tracy Lynne Herrick	and Jeffrey Alan Herrick, 2223 Holli	well Valley Ct., Winterset, IA 50273
Preparer: Mark L. Smith, P.C.	D. Box 230, Winterset, IA 5027	73 , (51 5)462 -373 1
-		
For the consideration of	\$380,000.00	Dollar(s) and other valuable
consideration, Michael Sible and Mic		
		do hereby Convey to
Tracy Lynne Herrick and Jeffrey Alar	Herrick, Wife and	husband
		as Joint Tenants
with Full Rights of Survivorship, and	not as Tenants in Common, th	e following described real estate in
Madison County, Iowa: I	Lot Seven (7) of Holliwell Valle	ey Subdivision, located in the
Northeast Quarter (1/4) of Section F	` ,	•
(27) West of the 5th P.M., Madison	· · ·	

Grantors do Hereby Covenant with grantees, and successors in interest, that grantors hold the real estate by title in fee simple; that they have good and lawful authority to sell and convey the real estate; that the real estate is free and clear of all liens and encumbrances except as may be above stated; and grantors Covenant to Warrant and Defend the real estate against the lawful claims of all persons except as may be above stated. Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the real estate. Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

feminine gender,				
Dated on	5-15-20			
Mich	Sikh		Michel	C Sible
, , ,	Michael Sib	le (Grantor)		Michele Sible (Grantor)
STATE OF	IOWA	, COUNTY OF	MADISON	
This record was acknowledged before me on			5.15.20	, by Michael Sible
and Michele Sib	le			
	SA!	BANM COWMAN	Valu	MM. Comma

WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT (RCW 42.44.100)

State of Washington) cc			
County of Clark	SS.			
I certify that I know or have satisfactor	y evidence that Michael Sible Name of Signer is the person who appeared before me, and said			
	person acknowledged that he/she signed this			
	instrument and acknowledged it to be his/her free			
	and voluntary act for the uses and purposes			
mentioned in the instrument.				
Dated:				
	Signature of Notarizing Officer			
TANDICE FOX NOTARY PUBLIC #207701 STATE OF WASHINGTON MY COMMISSION EXPIRES	Notary Public Title (Such as "Notary Public")			
04-24-23	My appointment expires			
Place Notary Seal Above	Month/Day/Year of Appointment Expiration			
Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document. Right Thumbprint of Signer				
Description of Attached Document				
Title or Type of Document: warranty Deed				
Document Date: 5/15/2020 Number of Pages:				
Signer(s) Other Than Named Above: Michele Sible				