



Document 2021 2406

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

Form 411186 (06-10)

1/3 x 3

Preparer Norman D Townsend 12605 Woodlands Pkwy, #163, Clive, IA 50325; 515-457-2030
 Name Street Address City State Zip Phone
 Return Document To: Joseph K Strong, 106 E Salem Ave, PO Box 215, Indianola, IA 50125

**AFFIDAVIT IN LIEU OF SURRENDER OF TITLE
PURSUANT TO IOWA CODE SECTION 435.26B**

PART A - OWNER INFORMATION

Full Legal Name - Owner #1: Norman Dean Townsend
First Middle Last

Residence Address 513 W. Carpenter St. Charles Madison Iowa 50240
(Business Address if organization) Address City County State Zip Code

Mailing Address: Same
Address City County State Zip Code

Iowa DL # or Iowa ID # 812ZZ1764 Tax Identification # _____
(If individual) (If organization)

Full Legal Name - Owner #2: Alice Janet Townsend
First Middle Last

Residence Address 513 W. Carpenter St. Charles Madison IA 50240
(Business Address if organization) Address City County State Zip Code

Mailing Address: Same
Address City County State Zip Code

Iowa DL # or Iowa ID # 967AA1354 Tax Identification # _____
(If individual) (If organization)

If there are additional owners, attach a separate page to this affidavit listing the owner information required above.

PART B - DESCRIPTION OF MANUFACTURED OR MOBILE HOME

1996-NAT.
1997 Wick Building System VL443 91587A, 91587B
Year Make Model Serial Number (or other unique identifying number)

PART C - STATEMENT OF OWNERSHIP, LIENS, ENCUMBRANCES, OR SECURITY INTERESTS

Owner(s) has/have title or interest in the manufactured or mobile home described in Part B of this affidavit ("the Home") as follows:

Homeowner

Following is a complete listing of the names and addresses of all persons having a lien, encumbrance, or security interest in the Home. If none, so state NONE

Name	Mailing Address (Address, City, State, Zip)	Interest Held

If there are additional persons that have a lien, encumbrance, or security interest in the Home, attach a separate page to this affidavit listing the name of each person holding the interest, the person's mailing address, and the nature of the interest held.

PART D - FACTS AFFECTING VALIDITY OF TITLE, LIENS, ENCUMBRANCES OR SECURITY INTERESTS

Check one of the following:

- The owner(s) is/are NOT aware of (i) any other claim, lien, or encumbrance affecting the Home, (ii) any facts or information that could reasonably affect the validity of title of the Home or the existence of any security interests in it.
- The owner(s) is/are aware of (i) other claims, liens, or encumbrances affecting the Home, and/or (ii) facts or information that could reasonably affect the validity of title of the Home or the existence of any security interests in it. (Attach separate explanation).

PART E - PERSON FROM WHOM PURCHASED OR ACQUIRED

The owner(s) purchased the Home from the following:

Name: Tonya Brant and Jason M. Kain

Address: _____
Street City County State Zip Code

Date of purchase/acquisition 6/2/2015 Location of purchase/acquisition St. Charles, IA

PART F - TITLE OPINION

Attached to this affidavit is a written opinion by an attorney licensed to practice law in this state who has examined the abstract of title of the land upon which the Home is situated. The opinion states the names of the owners and holders of mortgages, liens, or other encumbrances on the land upon which the Home is situated and notes the encumbrances along with any bonds securing the encumbrances. Utility easements shall not be construed to be encumbrances.

PART G - LOCATION OF MANUFACTURED OR MOBILE HOME

The Home is located on real property described in the attorney title opinion referenced in Part F and:

1. Is located outside a manufactured home community or mobile home park;
2. Has been converted to real estate by being placed on a permanent foundation;
3. Has been entered on the tax rolls.

THIS PART TO BE ENDORSED BY THE CITY OR COUNTY ASSESSOR:

Signature of City or County Assessor _____ Date _____ Printed Name of City or County Assessor _____

PART H - DEPARTMENT OF TRANSPORTATION ENCUMBRANCE

The department has searched its records and certifies (i) there is no record of a certificate of title, (ii) no record of surrender of a certificate of title, (iii) no record of any ownership interest contrary to the ownership interest asserted by the owner(s), (iv) no lien, encumbrance, or security interest contrary to those specified by the owner(s) for the Home.

Signature of Department Representative

Date

Printed Name of Department Representative

PART I - STATEMENT OF TITLE SEARCH

After diligently searching for the same, the owner(s) has/have been unable to locate and produce a manufacturer's certificate of origin or a certificate of title for the Home.

Owner(s) has/have no knowledge that a certificate of title has previously been issued or surrendered for the Home.

PART J - EXECUTION BY OWNERS

State of Iowa)
County of Warren) ss:

I (we) the undersigned, being first duly sworn (or affirmed) under oath, state of my (our) personal knowledge that all the preceding information set out in this affidavit is true and correct.

Norman D. Townsend
Owner #1
Norman D. Townsend
Printed Name

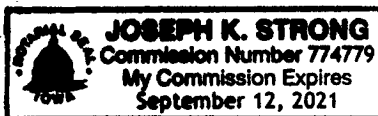
Alice Janet Townsend
Owner #2
Alice Janet Townsend
Printed Name

Additional owners (if applicable):

Signature _____
Printed Name _____

Signature _____
Printed Name _____

Signed and sworn to (or affirmed) before me on June 9, 2021, by Norman D. Townsend and Alice Janet Townsend



Joseph K. Strong
Notary Public
Official Seal: Strong