



Document 2021 713

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Date 2/22/2021 Time 11:40:05AM

Rec Amt \$27.00 Aud Amt \$5.00

INDX  
ANNO  
SCAN

LISA SMITH, COUNTY RECORDER  
MADISON COUNTY IOWA

CHEK

**AFFIDAVIT OF SURVIVING CHILD/TENANT  
FOR CHANGE OF TITLE TO REAL ESTATE**

THE IOWA STATE BAR ASSOCIATION

Official Form No. 339

Recorder's Cover Sheet

**Preparer Information:** (name, address and phone number)

Kent A. Balduchi, 2801 Hubbell Ave., Des Moines, IA 50317 515-247-9297

**Taxpayer Information:** (name and complete address)

Joseph J. Heather, III, 313 4<sup>th</sup> St. NW, Mitchellville, IA 50169

✓ **Return Document To:** (name and complete address)

Joseph J. Heather, III, 313 4<sup>th</sup> St. NW, Mitchellville, IA 50169

**Grantors:**

Joseph J. Heather

**Grantees:**

Joseph J. Heather, III & Vickie S. Hart

**Legal Description:** See Page 2

**Document or instrument number of previously recorded documents:** Bk \_\_\_/Pg \_\_\_

**AFFIDAVIT OF SURVIVING CHILD/TENANT  
FOR CHANGE OF TITLE TO REAL ESTATE**

**STATE OF IOWA, COUNTY OF POLK, ss:**

I, Joseph J. Heather, III, being first duly sworn on oath, depose and state as follows:

1. I am the child of Joseph J. Heather, who died on the July 08, 2020, and Margo A. Heather, who died on May 26, 2015 (“Decedents”). A copy of said death certificates are attached hereto.
2. The following described real estate, situated in Madison County, Iowa, was owned by my parents, Joseph J. Heather and Margo A. Heather, as joint tenants with full rights of survivorship at the time of my father, Joseph J. Heather’s, death:

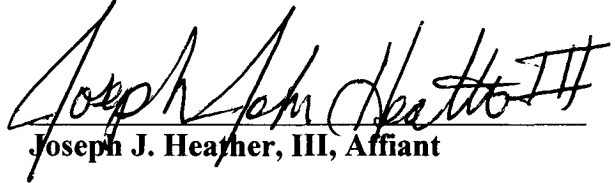
Lot Seven (7) in Block One (1) of A.B. Shriver’s Addition to the  
Town of Winterset, Madison County, Iowa.

Local address: 409 W. Filmore St., Winterset, IA 50273

3. My father, Joseph J. Heather, became the sole owner of the above-described real estate upon my mother, Margo A. Heather’s, death, and an estate was not required to be opened for my mother. However, my mother, Margo A. Heather’s, name was not removed from the title of the above-described property.
4. A Court Officer’s Deed was entered with the Madison County Recorder’s Office, transferring title to the real estate from my father, Joseph J. Heather, to me, Joseph J. Heather, III, and my sister, Vickie S. Hart, the sole heirs of my father, Joseph J. Heather.
5. I hereby request that the auditor enter this information on the transfer books pursuant to Section 558.66 of the Iowa Code by removing my mother, Margo A. Heather’s, name from the title of the above-described real estate.
6. I am the child of both Decedents, Joseph J. Heather and Margo A. Heather. (For deaths occurring after July 1, 1997, parents, grandparents, great-grandparents, and other lineal ascendants, children including legally adopted children and biological children entitled to inherit under the laws of Iowa, stepchildren, and grandchildren, great-grandchildren, and other lineal descendants are exempt from Iowa inheritance tax.)

7. Form 706, United States Estate Tax return, is not required to be filed as a result of the death of either of the Decedents.
8. An Iowa inheritance tax return is not required to be filed pursuant to section 450.22 subsection 3 for either of the Decedents.

Further, the Affiant sayeth not.

  
Joseph J. Heather, III, Affiant

Subscribed and sworn to before me on 1 day of February, 2021, by Joseph J. Heather, III.

  
Notary Public - State of Iowa



STATE OF IOWA  
CERTIFICATE OF VITAL RECORD

STATE OF IOWA  
IOWA DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF DEATH

114-2020-017311

BIRTH NUMBER: *Not Available*

DECEDENT INFORMATION

DATE FILED: *07/24/2020*

NAME: *Joe John Heather Jr*  
PLACE OF BIRTH: *Missouri*  
ARMED FORCES: *Yes*  
DECEDENT MAIDEN LAST NAME: *Heather*  
FATHER'S NAME: *Joseph Heather Sr*  
MOTHER'S NAME: *Barbara Gardner*  
RESIDENTIAL ADDRESS: *409 W Filmore Street  
Winterset, Iowa 50273*  
INFORMANT NAME: *Vickie Hart*  
INFORMANT RELATIONSHIP: *Daughter*  
MARITAL STATUS: *Widowed*

SSN: *[REDACTED]*  
SEX: *Male*  
DATE OF BIRTH/AGE: *09/16/1941 78 Years*  
DATE/TIME OF DEATH: *07/08/2020 (Presumed)  
07:00 PM (Presumed)*  
RESIDENCE COUNTY: *Madison*  
COUNTY OF DEATH: *Madison*  
PLACE OF DEATH: *Decedent's Home*  
FACILITY/ADDRESS: *409 W Filmore Street  
Winterset, Iowa 50273*

MEDICAL CAUSE OF DEATH INFORMATION

IMMEDIATE CAUSE OF DEATH: *Cardiac Arrest*  
DUE TO OR AS A CONSEQUENCE OF: *Coronary Artery Disease*  
DUE TO OR AS A CONSEQUENCE OF: *Hypertension*  
UNDERLYING CAUSE, IF ANY:  
OTHER SIGNIFICANT CONDITIONS:

INTERVAL	UNITS
1	Immediate
10	Years
15	Years

MANNER OF DEATH: *Natural*  
AUTOPSY PERFORMED/FINDINGS: *No*

TOBACCO CONTRIBUTED TO DEATH: *No*  
M.E. CONTACTED: *Yes*

ME CASE #: *20-61-001*

DESCRIPTION OF INJURY: *None*

METHOD OF DISPOSITION: *Cremation*  
PLACE: *Hamiltons Crematory*  
LOCATION: *Des Moines, Iowa*  
FUNERAL DIRECTOR: *Holly Peterson Miller*  
*Hamiltons Funeral Home*  
*Des Moines, Iowa 50309*

CERTIFIER/TITLE: *Joseph McPherson-Kimball DO*  
DATE CERTIFIED: *07/20/2020*  
CERTIFIER ADDRESS: *Not Available*  
*Iowa*

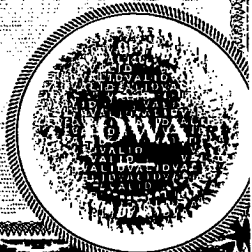
This is to certify that this is a true and correct reproduction of the original record as recorded in this state, issued under the authority of Chapter 144, Code of Iowa.  
This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar or Designee.  
**THIS COPY NOT VALID UNLESS UNALTERED AND PREPARED ON CERTIFIED SECURITY PAPER**

*07/27/2020*  
DATE ISSUED

*Joseph M. Stagg*  
COUNTY REGISTRAR  
County of Issuance: *Polk*

*Melissa R. Bird*  
DEPUTY STATE REGISTRAR

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



STATE OF IOWA  
CERTIFICATION OF VITAL RECORD

STATE OF IOWA  
IOWA DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATE OF DEATH

114-2015-012126

BIRTH NUMBER: Not Available

DECEDENT INFORMATION

NAME: Margo Alana Heather

DATE FILED: 06/03/2015

PLACE OF BIRTH: Iowa

SSN:

ARMED FORCES: No

SEX:

Female

DATE OF BIRTH/AGE: 09/27/1943 71 Years

NAMES (PRIOR TO ANY MARRIAGE):

DECEDENT LAST: Rockwell

CITIZENSHIP: United States

FATHER'S NAME: Hosea Hammond Rockwell

MARITAL STATUS: Married

MOTHER'S NAME: Minnie M McClaren

SURVIVING SPOUSE: Joe John Heather

RESIDENTIAL ADDRESS: 409 W. Filmore Street

RESIDENCE COUNTY: Madison

Winterset, Iowa 50273

COUNTY OF DEATH: Polk

INFORMANT NAME: Joe Heather

INFORMANT ADDRESS: 409 W. Filmore Street

INFORMANT RELATIONSHIP: Husband

Winterset, Iowa 50273

DATE/TIME OF DEATH: 05/26/2015 (Actual)

PLACE OF DEATH: Inpatient

04:30 AM (Actual)

FACILITY/ADDRESS: Mercy Medical Center-Des Moines

Des Moines, Iowa 50314

M.E. CONTACTED: No

MEDICAL CAUSE OF DEATH INFORMATION

INTERVAL UNITS

IMMEDIATE CAUSE OF DEATH: Acute Respiratory Failure

DUE TO OR AS A CONSEQUENCE OF: Pulmonary Infiltrates-undetermined

DUE TO OR AS A CONSEQUENCE OF:

UNDERLYING CAUSE, IF ANY:

OTHER SIGNIFICANT CONDITIONS:

Weeks  
Weeks

MANNER OF DEATH: Natural

TOBACCO CONTRIBUTED TO DEATH: Yes

AUTOPSY PERFORMED/FINDINGS: No

LOCATION OF INJURY:

99999

TRANSPORTATION INJURY: No

PREGNANCY, IF FEMALE: Not Pregnant Within Last Year

DESCRIPTION OF INJURY: None

CERTIFIER: Bradley E Wilcox

DATE CERTIFIED: 06/02/2015

CERTIFIER ADDRESS: 1601 NW 114th St  
Des Moines, Iowa 50325

FUNERAL HOME: Hamiltons Funeral Home

Des Moines, Iowa 50309

METHOD: Cremation

DISPOSITION

FUNERAL DIRECTOR: Holly Peterson Miller

PLACE: Hamiltons Crematory

LOCATION: Des Moines, Iowa

This is to certify that this is a true and correct reproduction of the original record as recorded  
in this office, 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.

06/03/2015  
DATE ISSUED

Terry E. Branstad  
GOVERNOR, STATE OF IOWA  
Kim Reynolds, Lt. Governor

Melissa R. Bind  
DEPUTY STATE REGISTRAR

5004753304C

FORM #508-03288 (Rev. 2014)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

