



Book 2023 Page 1952 Type 06 009 Pages 4 Date 8/18/2023 Time 3:41:15PM

Rec Amt \$22.00

INDX **ANNO** SCAN

BRANDY MACUMBER, COUNTY RECORDER MADISON COUNTY IOWA

CHEK

Afficiant for Collection of Property

Type of Document

PREPARER INFORMATION: (name, address, phone number)

207 615 1779

Ilana Freedman 2672 QuailRidge Ave

Peru IA SUZZZ

TAXPAYER INFORMATION: (name and mailing address)

Same as above

RETURN DOCUMENT TO: (name and mailing address)

same as above

GRANTOR: (name)

GRANTEE: (name)

SER Page 2

LEGAL DESCRIPTION: (if applicable)

See page:

Document or instrument of associated documents previously recorded: (if applicable)

N/A

Small Estate Affidavit Affidavit for Collection of Property

- I, ILANA FREEDMAN, of 2672 QUAIL RIDGE AVE, Peru, Iowa, 50222, hereinafter known as the "Affiant" certify that all of the following statements are true in regards to the Estate of Louis Schwartz who has passed away in the State of Iowa, County of Polk:
- 1. Decedent, Louis Schwartz, died on December 1 2021 in the County of Polk, in the State of Iowa.
- 2. A copy of the decedent's death certificate will be submitted along with this affidavit.
- 3. The value of the assets of the decedent's estate exceeds the estate's known liabilities.
- 4. The Decedent does not have any liabilities and/or debts owed to creditors.
- 5. The value of the decedent's estate does not exceed the monetary limit of \$200,000 imposed by the State of Iowa
- 6. There is no pending administration of the decedent's estate.
- 7. There is no reasonable expectation that probate of the decedent's estate is soon to commence.
- 8. The total number of heirs or devisees to the decedent is One (1) identified as:

ILANA FREEDMAN is the Decedent's Mother and is entitled to the following property: Checking account with American State Bank valued at less than \$25; IRA valued at approximately \$7000.

There are no additional assets or property of the Decedent.

- 9. All heirs or devisees will be given notice of this affidavit within 30 days of filing.
- 10. This document is governed under the laws in the State of Iowa and shall not be filed with any local authority until the minimum time-period has passed after the death of the Decedent.

Signature of ILANA FREEDMAN

This form has been signed in the presence of a notary public.

Signed and sworn to me on the 16th of August, 2023.

State of Iowa

County of Madison

I, who is the undersigned authority in and for said County in said State, hereby certify that ILANA FREEDMAN, whose name is signed as the Affiant in this small estate affidavit, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily on August 16, 2023.

Given under my hand this August 16, 2023.

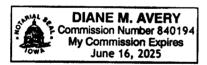
Notary Public Signature

Printed Name:

State of Iowa

My commission expires: June 14, 2025

(Notary Seal)







DECEDENT INFORMATION

BIRTH NUMBER: Not Available

NAME: Louis Abraham Schwartz

ALIAS: Lou

PLACE OF BIRTH: Florida

ARMED FORCES: No

DECEDENT MAIDEN LAST NAME: Schwartz

FATHER'S NAME: (prior to any marriage) Michael Stuart Schwartz

MOTHER'S NAME: (prior to any mantage) Haria Greenleat

RESIDENTIAL ADDRESS:2672 Quail Ridge Avertue

Peru, lowe 50222

INFORMANT NAME: //ana Freedman INFORMANT RELATIONSHIP: Mother

MARITAL STATUS: Divorced

DATE FILED: 12/07/2021

SSN

Male

DATE OF BIRTH/AGE: 05/02/1967 54 Years

DATE/TIME OF DEATH: 12/01/2021 (Actual)

. 04:13 PM (Actual)

RESIDENCE COUNTY: Madison

COUNTY OF DEATH: Polk

Inpatient

PLACE OF DEATH:

FACILITY/ADDRESS: UnityPoint Health-lowe Methodist Medic

Center Des Moines Des Moines, Iowe 50309

MEDICAL CAUSE OF DEATH INFORMATION

INTERVALUNITS

IMMEDIATE CAUSE OF DEATH: Cardiorespiratory Failure

DUE TO OR AS A CONSEQUENCE OF Hepatic Clintests, Hepaticsellular Carcinoma, Sepsis

DUE TO OR AS A CONSEQUENCE OF: UNDERLYING CAUSE, IF ANY: > OTHER SIGNIFICANT CONDITIONS:

MANNER OF DEATH: Natural **AUTOPSY PERFORMED/FINDINGS: No** TOBACCO CONTRIBUTED TO DEATH NO M.E. CONTACTED: No

LOCATION OF INJURY:

lowa

DESCRIPTION OF INJURY None

METHOD OF DISPOSITION: Removed from State then Burial CERTIFIER/TITLE: Zeeshan Jawa

DATE CERTIFIED: 12/07/2021

PLACE: Removal from State CERTIFIER ADDRESS:411 Laure St LOCATION: Palnesville, Ohio

Des Moines, Iowa 50314

FUNERAL DIRECTOR: William Patrick O'Donnell J

Dunn's Funeral Home

Des Moines, Iowa 50312

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 lower 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

12/08/2021 DATE ISSUED COUNTY REGISTRAR

unty of Issuance: Polk

DEPUTY STATE REGISTRAR

ORM #688-03285 (Novised 09/2017)

