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INDX

ANNO

SCAN

BRANDY MACUMBER, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

Affidavit for Collection of Property

Type of Document

PREPARER INFORMATION: (name, address, phone number)

Iiana Freedman 207 615 1779
2672 Quail Ridge Ave
Peru, IA 50222

TAXPAYER INFORMATION: (name and mailing address)

same as above

RETURN DOCUMENT TO: (name and mailing address)

same as above

GRANTOR: (name)

GRANTEE: (name)

SEE PAGE 2

LEGAL DESCRIPTION: (if applicable)

See page: N/A

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, Ilana Freedman, 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 Diane M Avery

Printed Name: Diane M. Avery

State of Iowa

My commission expires: June 16, 2025

(Notary Seal)



STATE OF IOWA
CERTIFICATION OF VITAL RECORD

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

114-2021-029858

BIRTH NUMBER: *Not Available*

DECEDENT INFORMATION

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 marriage) *Iliana Greenleaf*
RESIDENTIAL ADDRESS: *2672 Quail Ridge Avenue*
Peru, Iowa 50222
INFORMANT NAME: *Iliana Freedman*
INFORMANT RELATIONSHIP: *Mother*
MARITAL STATUS: *Divorced*

DATE FILED: *12/07/2021*

SSN: *[REDACTED]*
SEX: *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*
PLACE OF DEATH: *Inpatient*
FACILITY/ADDRESS: *UnityPoint Health-Iowa Methodist Medical Center-Des Moines*
Des Moines, Iowa 50309

MEDICAL CAUSE OF DEATH INFORMATION

INTERVAL UNITS

IMMEDIATE CAUSE OF DEATH: *Cardiorespiratory Failure*
DUE TO OR AS A CONSEQUENCE OF: *Hepatic Cirrhosis, Hepatocellular 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:

DESCRIPTION OF INJURY: *Iowa*
None

METHOD OF DISPOSITION: *Removed from State then Burial*
PLACE: *Removal from State*
LOCATION: *Painesville, Ohio*
FUNERAL DIRECTOR: *William Patrick O'Donnell Jr.*
Dunn's Funeral Home
Des Moines, Iowa 50312

CERTIFIER/TITLE: *Zeeshan Jawa* MD
DATE CERTIFIED: *12/07/2021*
CERTIFIER ADDRESS: *411 Laurel St*
Des Moines, Iowa 50314

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



12/08/2021
DATE ISSUED

John M. Haggerty
COUNTY REGISTRAR

Melissa R. Bird
DEPUTY STATE REGISTRAR



County of Issuance: *Polk*

FORM 8088-02285 (Revised 09/2017)

