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Book 2008 Page 784 Type 03 009 Pages 3 Date 3/10/2008 Time 1:15 PM

Rec Amt \$17.00 Aud Amt \$5.00

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LISA SMITH. COUNTY RECORDER MADISON TOWA

CHEK



AFFIDAVIT OF DEATH TERMINATING LIFE ESTATE

THE IOWA STATE BAR ASSOCIATION Official Form No. 179 **Recorder's Cover Sheet**

Preparer Information: (Name, address and phone number)

Breanna L. Young, P.O. Box 370, Earlham, IA 50072, Phone: (515) 758-2267

Taxpayer Information: (Name and complete address) Larree Imboden, 1069 130th Street, Dexter, 1A 50070

/ Return Document To: (Name and complete address) Breanna L. Young, P.O. Box 370, Earlham, IA 50072, Phone: (515) 758-2267

Grantors:

Helen M. Imboden

Grantees:

(See Exhibit A)

Legal description: See Page 2

Document or instrument number of previously recorded documents:

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AFFIDAVIT OF DEATH TERMINATING LIFE ESTATE

STATE OF IOWA, COUNTY OF	MADISON	, ss:
I, Breanna L. Young	being first duly sworn on oath, o	lepose and state as follows:
1. That I was well and personally acquainted with	n <u>Helen M. Imboden</u> ed on or about the 30th day of	and that the said
An undivided tinee-tritis interest in and to:		
The East Fractional Half (1/2) of the Northeast Quarter (1/4) of Section Four (4), in Township Seventy-six (76) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa		
	•	
·		
2. Title to the above real estate has passed to: (See Exhibit A) by virtue of: the death of life tenant. The individuals listed on Exhibit A hereto are the remaindermen.		
	on Exmon it hereto are the	e remainderineir.
3. I hereby request that the auditor enter this infor	mation on the transfer books.	
Militarian Company of the Company of		Breanna L. Young
SCHECCHIEF AND SWORM TO	6th down f.Marril 2000	
SUBSCRIBED AND SWORN TO before me this _	Diane	J. Stellamson
The Comment of	——————————————————————————————————————	blic in and for the State of Iowa
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EXHIBIT A

C. LaVern Imboden (1/5th)

Russell C. Imboden (1/5th)

Larree L. Imboden (1/5th)

Marilyn Libby (1/5th)

Carolyn McConnelee (1/5th)