

INDX ✓  
ANNO  
SCAN  
CHEK

LISA SMITH, COUNTY RECORDER  
MADISON IOWA

Above Space Reserved for Recording

Who prepared this Document: Kathleen D. Meader, P.O. Box 633 Gates, OR 97346 503-897-2502

Tax Payers: Meader Family Trust P.O. Box 633 Gates, OR 97346

Harry L. Meader P.O. Box 77 Gates, OR 97346

Return this form to: Meader Family Trust, P.O. Box 633 Gates, OR 97346

# Quitclaim Deed-Iowa

Date of this Document: June 11, 2008

Reference Number of Any Related Documents:

Grantor:

Name	<u>Clarence H. Meader III</u>
Street Address	<u>P.O. Box 633</u>
City/State/Zip	<u>Gates, OR 97346</u>

Grantee:

Name	<u>Meader Family Trust</u>
Street Address	<u>Dated July 19, 1991</u>
City/State/Zip	<u>P.O. Box 633</u>
	<u>Gates, OR 97346</u>

Abbreviated Legal Description: South one-half (s 1/2) North one half (N 1/2) of the North-West Quarter (NW 1/4) of section Twenty six (26), Township Seventy-four (74) North, Range Twenty-seven(27) West of the 5th p.m., Madison County, Iowa

Assessor's Property Tax Parcel/Account Number(s):

**THIS QUITCLAIM DEED**, executed this 12th day of June, 2008, by first party, Grantor, Clarence H. Meader III, whose post office address is P.O. Box 633 Gates, OR 97346, to second party, Grantee, Meader Family Trust, dated July 19, 1991, whose post office address is P.O. Box 633 Gates, OR 97346

**WITNESSETH:** That Grantor, for good consideration and for the sum of 0 Dollars (\$ 0 ) paid by Grantee, the receipt whereof is hereby acknowledged, does hereby

quitclaim unto Grantee forever, all the interest which Grantor has in and to the following described tract of real estate, and improvements and appurtenances thereto in the County of Madison, State of Iowa.

**DESCRIPTION OF REAL ESTATE:** South one-half (S 1/2) North one half (N 1/2) of the North-West Quarter (NW -1/4) of section Twenty six (26), Township Seventy-four (74) North, Range Twenty seven (27) West of the 5th P.M., Madison County, Iowa

*The Consideration is less than  
\$500<sup>00</sup>*

*Kathleen D. Meeder*

**IN WITNESS WHEREOF**, Grantor has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in the presence of:

Signature of Witness: \_\_\_\_\_

Print Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Print Name of Witness: \_\_\_\_\_

Signature of Grantor: Clarence H Meader III

Print Name of Grantor: Clarence H. Meader III

Signature of Grantee: Meader Family Trust

Print Name of Grantee: Meader Family Trust

Signature of Preparer: Kathleen D. Meader

Print Name of Preparer: Kathleen D. Meader

Address of Preparer: P.O. Box 633 Gates, OR 97346

State of: Oregon  
County of: Marion

On June 12, 2008 before me, appeared Clarence H. Meader III, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature of Notary: Lindsay M Oht

Affiant: Known Produced ID  
Type of ID: ORL - ORL  
(Seal)

Title (and Rank): \_\_\_\_\_

