

REC \$ 5.00
AUD \$ 5.00
R.M.F. \$ 5.00

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BOOK 2003 PAGE 4867

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2003 AUG 15 PM 3:58
(3:58 PM)
MICKI UTSLER
RECORDER
MADISON COUNTY, IOWA

Preparer Information John E. Casper, 223 E. Court Avenue, Winterset, IA 50273, (515) 462-4912
Individual's Name Street Address City Phone

Address Tax Statement : Nancy L. Horn
2910 200th Street, Winterset, IA 50273

SPACE ABOVE THIS LINE
FOR RECORDER



COURT OFFICER DEED

IN THE MATTER OF _____
THE ESTATE OF _____
THOMAS G. HORN, Deceased

now pending in the Iowa District Court

in and for MADISON County, PROBATE No. ESPRO11650

Pursuant to the authority and power vested in the undersigned, and in consideration of Estate Distribution Dollar(s) and other valuable consideration, the undersigned, in the representative capacity designated below, hereby Convey(s) to
NANCY L. HORN

the following described real estate in MADISON County, Iowa:
The West Fractional One-half (1/2) of the Northwest One-fourth (1/4) of the Northwest One-fourth (1/4) of Section Five (5), Township Seventy-five (75) North, Range Twenty-six (26) West of the 5th P.M., Madison County, Iowa

Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine, feminine or neuter gender, according to the context.

Dated: _____ August 15, 2003

By _____ Title Nancy L. Horn
By _____ Title _____

As _____ *in the As Executor *in the
above entitled estate or cause. above entitled estate or cause.

*Executor, Administrator, Guardian, Conservator, Trustee, Referee, Commissioner, or Receiver

STATE OF IOWA, COUNTY OF MADISON, ss:

On this 15th day of August, 2003 before me, the undersigned, a Notary Public in and for said state, personally appeared
Nancy L. Horn

to me known to be the identical person(s) named in and who executed the foregoing instrument, and acknowledged that such person(s), as such fiduciary(ies), executed the same as the voluntary act and deed of such person(s) and of such fiduciary(ies).

John E. Casper
John E. Casper, Notary Public in and for said State

