

Document 2006 3096

Book 2006 Page 3096 Type 03 004 Pages 3
Date 7/28/2006 Time 1:29 PM
Rec Amt \$27.00 Aud Amt \$5.00
Rev Transfer Tax \$77.60
Rev Stamp# 341 DOV# 330

MICHELLE UTSLER, COUNTY RECORDER
MADISON IOWA

ENTERED FOR TAXATION
THIS 28 DAY OF July 2006
Jan W. Delch
Debby Carlson

COMPUTER	<input checked="" type="checkbox"/>
RECORDED	<input checked="" type="checkbox"/>
COMPARED	<input type="checkbox"/>



COURT OFFICER DEED

THE IOWA STATE BAR ASSOCIATION
Official Form No. P201
Recorder's Cover Sheet

49,000.00

Preparer Information: (Name, address and phone number)

Arthur C. Hedberg, Atty.
840 5th Ave., Des Moines, IA 50309-1307
(515) 288-4146

Taxpayer Information: (Name and complete address)

St. Charles Medical Clinic, P.L.C.
101 E. Main St.
St. Charles, IA 50240

✓ **Return Document To:** (Name and complete address)

Phil Watson, Atty.
535 E. Army Post Rd., Des Moines, IA 50315-5930
(515) 287-7000

Grantors:

James Scott Billings Estate
Joann M. Billings, Executor

Grantees:

Legal description: See Page 2

Document or instrument number of previously recorded documents:



COURT OFFICER DEED

IN THE MATTER OF THE ESTATE

OF

JAMES SCOTT BILLINGS

now pending in the Iowa District Court

in and for Polk County, Probate No. ES 54513...



Pursuant to the authority and power vested in the undersigned, and in consideration of One (\$1.00) Dollar(s) and other valuable consideration, the undersigned, in the representative capacity designated below, hereby Convey(s) to

St. Charles Medical Clinic, P.L.C.

the following described real estate in Madison County, Iowa:

Lot Five (5) in the Northeast Section of the original town of St. Charles, 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: June 21, 2006

Joann Marie Billings
Joann Marie Billings
Executor of the Estate of
James Scott Billings, deceased.

By _____
Title _____

By _____
Title _____

As _____ *in the
above entitled estate or cause.

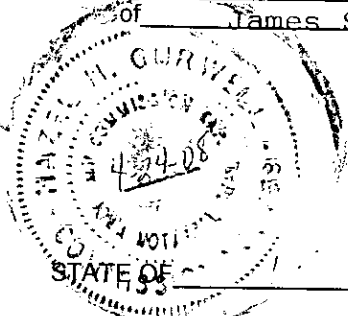
As Executor *in the
above entitled estate or cause.

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

STATE OF IOWA, COUNTY OF polk

This instrument was acknowledged before me on June 21, 2006
by Joann Marie Billings
as Executor of the Estate of
of James Scott Billings, deceased.

Hazel H. Gurwell
Hazel H. Gurwell, Notary Public



STATE OF _____, COUNTY OF _____

This instrument was acknowledged before me on _____
by _____
as _____
of _____

_____, Notary Public

STATE OF _____, COUNTY OF _____

This instrument was acknowledged before me on _____
by _____
as _____
of _____

_____, Notary Public

STATE OF _____, COUNTY OF _____

This instrument was acknowledged before me on _____
by _____
as _____
of _____

_____, Notary Public