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MICHELLE UTSLER, COUNTY RECORDER
MADISON IOWA

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

INDIVIDUAL TRUSTEE'S AFFIDAVIT

THE IOWA STATE BAR ASSOCIATION

Official Form No. 113

Recorder's Cover Sheet

Preparer Information: (name, address and phone number)

Jerrold B. Oliver, P.O. Box 230, Winterset, IA 50273, Phone: (515) 462-3731

Taxpayer Information: (name and complete address)

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

Jerrold B. Oliver, P.O. Box 230, Winterset, IA 50273, Phone: (515) 462-3731

Grantors:

See Page 2

Grantees:

See Page 2

Legal Description: See Page 2

Document or instrument number of previously recorded documents:

INDIVIDUAL TRUSTEE'S AFFIDAVIT

RE: Lot Three (3) in Block One of William G. Goe's Addition to the City of Winterset, Madison County, Iowa



STATE OF IOWA, COUNTY OF MADISON, ss:

We, Leonard C. Mains and Arlene E. Mains, being first duly sworn (or affirmed) under oath, state of my personal knowledge that:

1. We are the trustees under the Trust dated Feb 20, 1991, to which the above-described real estate was conveyed to the trustee by Quit Claim Deed, pursuant to an instrument recorded the 13th day of March, 1991, in the office of the Madison County Recorder in Book 56, Page 518.
2. We are the presently existing trustees under the Trust and we are authorized to convey said real estate without any limitation or qualification whatsoever.
3. The Trust is in existence and we, as trustees, are authorized to transfer the interest in the real estate as described in paragraph 2, free and clear of any adverse claims.
4. The grantors of the trust are alive.
5. The trust is revocable or, if the trust is irrevocable, none of the beneficiaries of the trust are deceased.

Leonard E. Mains
Leonard C. Mains, Affiant

Arlene E. Mains
Arlene E. Mains, Affiant

Signed and sworn to (or affirmed) before me on 8-8-06, by Leonard C. Mains and Arlene E. Mains.

Jerrold B. Oliver
Notary Public in and for said State

