FOR THE LEGAL EFFECT OF THE USE
OF THIS FORM, CONSULT YOUR LAWYER

REC $ ___
AUD $ ___

COMPARED

FILED NO. **1007**

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92 OCT 22 PM 12: 20

MICHELLE UTSLER
RECORDER
MADISON COUNTY. IOWA

SPACE ABOVE THIS LINE
FOR RECORDER

QUIT CLAIM DEED

For the consideration of _____ One '(1) _____
Dollar(s) and other valuable consideration, _____ TEDDY W. McDONALD, a Single Person _____

do hereby Quit Claim to _____ EVA A. McDONALD, a Single Person _____

all our right, title, interest, estate, claim and demand in the following described real estate in _____
Madison _____ County, Iowa:

Local: 819 West Jefferson; Winterset, Iowa

Legal: West 1/2 except the East 25 feet and the West 59 feet thereof,
of the South 1/5 and the West 1/2 except the East 25 feet
and the West 59 feet thereof, of the South 20 feet of the
North 4/5 of the following described tract of land to-wit:
Commencing at the Northeast corner of the Southwest 1/4 Section
36-76-28 and running thence South 11 chains, thence West 4
chains and 54 1/4 links, thence North 11 chains, thence East
4 chains and 54 1/4 links to the place of beginning.

EXEMPTION NO. 15: Pursuant to Decree of Dissolution.

Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the real estate.
Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

Dated: _____ Oct 12, 1992 _____

signature TEDDY W. McDONALD (Grantor)

STATE OF _____ IOWA _____, ss:

_____ COUNTY, _

On this 12th day of October _____
_____, 19 92 before me the undersigned, a Notary
Public in and for said State, personally appeared _____
Teddy W. McDonald, a single person,

to me known to be the identical persons named in and who
executed the foregoing instrument and acknowledged
that they executed the same as their voluntary act and
deed.

signature Duane Gordon
5-17-93 _____ Notary Public
in and for said state

(This form of acknowledgment
for individual grantor(s) only)

DUANE GORDON
MY COMMISSION EXPIRES
5-17-93

_____ (Grantor)

_____ (Grantor)

_____ (Grantor)

_____ (Grantor)

_____ (Grantor)

_____ (Grantor)

_____ (Grantor)

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