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LISA SMITH, COUNTY RECORDER MADISON COUNTY IOWA

CHEK



Individual Trustee's Affidavit

THE IOWA STATE BAR ASSOCIATION Official Form No. 113 **Recorder's Cover Sheet**

Preparer Information: (Name, address and phone number)

Harvey L. Harrison, 423 E. Court Ave., Ste 200, P.O. Box 6038, Des Moines, IA

50309-6038, Phone: (515) 284-1433

Taxpayer Information: (Name and complete address)

Marilyn Saveraid, 2135 Ridgeview Circle, Clive, IA 60325

(515)480-1390

Return Document To: (Name and complete address)

Harvey L. Harrison, 423 E. Court Ave., Ste 200, P.O. Box 6038, Des Moines, IA

50309-6038, Phone: (515) 284-1433

Grantors:

Grantees:

Marilyn Saveraid

Legal description: See Page 2

Document or instrument number of previously recorded documents: 006057

113 INDIVIDUAL TRUSTEE'S AFFIDAVIT Revised June 2005



INDIVIDUAL TRUSTEE'S AFFIDAVIT

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◆ The Iowa State Bar Association 2005 IOWADOCS ●

Lot Eight (8) in Block Two (2) of A. B. Shriver's Addition to the Town of Winterset, Madison County, Iowa

State of	lowa	County of	Polk	ss:
1,	I, Arthur Joel Saveraid under oath, state of my personal knowledge that:		, being fi	rst duly sworn (or affirmed)
under oath, sta	ate of my personal knowl	edge that:		•
1. I am the	trustee under the Trust	dated <u>May 3</u> yed to the trustee by		.1999 , to which the
above-describe	ed real estate was conve	yed to the trustee by	Estate of E	dna Algreen ,
pursuant to an	instrument recorded the	22nd day of	September	, 2000 , in the office
of the	Madison	County Recorde	r in Winterset, lov	va
(insert recording	ng data).			
2 Lamithe	presently existing truste	e under the Trust and I ar	n authorized to	
		hange, borrow,		10000
othor	rice diament	findinge, borrow,	mor cyage,	lease or
Orner	wise dispose d	f any asset	· · · · · · · · · · · · · · · · · · ·	
described in pa	st is in existence and I, aragraph 2, free and clean of the trust is alive.		d to transfer the in	terest in the real estate as
5. The trust	is revocable or, if the tru		the beneficiaries of Modern hur Jeel Saveraid	Javes and
Signed and sworn Arthur Joel Say	n to (or affirmed) before r eraid	ne on <u>M/N</u> 12-	2 009, by _	
ALRI	JAMES M. M		Pares !	M. Mende
3 6	COMMISSION #		1 11 11 11 11	1 10/
48	MY COMMISSION	EXMIKES 6	- LAMES W	, Notary Public