



Document 2011 3324

Book 2011 Page 3324 Type 03 002 Pages 2
Date 12/09/2011 Time 11:28 AM
Rec Amt \$12.00 Aud Amt \$5.00
Rev Transfer Tax \$38.40
Rev Stamp# 355 DOV# 374
LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

INDX ✓
ANNO
SCAN
CHEK

TAXPAYER: ERNEST F. GLAS 4723 POMMEL PLACE WEST DES MOINES, IA 50265
RETURN to: ERNEST F. GLAS 4723 POMMEL PLACE WEST DES MOINES, IA 50265-5152253765

Prepared By BARBARA GLAS
QUIT CLAIM DEED

Address 6632 WASH BURN AVE
RICHFIELD, MN 55423
612 866 8120

Telephone Number
Form 162-E (Revised 1-98)

Section 558.19, Code

KNOW ALL MEN BY THESE PRESENTS:

That BARBARA E. GLAS, TRUSTEE under the BARBARA E. GLAS
REVOCABLE TRUST dated JUNE 2, 2006
of HENNEPIN County, State of MINNESOTA in consideration of
the sum of \$ 24,375 DOLLARS
in hand paid do hereby QUIT CLAIM and CONVEY unto ERNEST F. GLAS

of POLK County, State of IOWA
all OUR right, title and interest in and to the following described real estate, situated and lying in
MADISON County, and State of IOWA to-wit:

THE EAST THREE-QUARTERS (3/4) OF THE SOUTHEAST QUARTER (1/4) OF THE
SOUTHWEST QUARTER (1/4) OF SECTION NINE (9) IN TOWNSHIP SEVENTY-SIX (76)
NORTH OF RANGE TWENTY-SIX (26) WEST OF THE 5TH P. M.
MADISON County, Iowa

and the said Grantor

releases all RIGHT OF DOWER AND HOMESTEAD in and to the above described premises.

Signed this 29th day of NOVEMBER, A. D., 20 11

Barbara E. Glas, trustee
BARBARA E. GLAS, TRUSTEE
6632 WASHBURN AVE
RICHFIELD, MN 55423

Grantor's Address



Description of Attached Document

(Optional)

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

The following Certificate of Acknowledgment is attached to a document titled/for the purpose of _____ containing _____ pages, and dated _____.

Additional Information		
<input type="checkbox"/> Additional Signer(s)	<input type="checkbox"/> Signer(s) Thumbprint(s)	<input type="checkbox"/> Other

State of MINNESOTA
County of HENNEPIN

} ss. **CERTIFICATE OF ACKNOWLEDGMENT**

On this 29th day of NOVEMBER, 2011, before me, KATHRYN T. RAIDT,
Day Month Year Printed Name of Notary Public

the undersigned notary public, personally appeared BARBARA E. GUNZ,
Printed Name(s) of Signer(s)

- personally known to me - or -
- proved to me on the basis of satisfactory evidence:
 - form(s) of identification _____
 - credible witness(es) _____

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same voluntarily for the purpose expressed therein.

WITNESS my hand and official seal.



(Seal)

[Signature]
Signature of Notary Public

Optional: Check here if the attached document has been described on the top part of this 8.5" x 7" form