



Document 2012 1808

Book 2012 Page 1808 Type 06 017 Pages 4

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LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

Miscellaneous Application

Preparer Information: (Individual's name, address and phone number)

Todd Town 2387 Carver Rd Winterset Iowa 50273
(810) 441-3508

Taxpayer Information: (Taxpayer's name and full mailing address)

✓ **Return Document To:** (Name and full mailing address) - Return stamped copy to:
Same as above Todd Town

Grantors:

Town Family Trust
Todd Town

Grantees:

Parcel Identification Number: (If required or applicable)

560-11-11-82-0120-00

Legal Description: Parcel G in SE 1/4 Sec 11-75-28 + in
NW 1/4 SW 1/4 Sec 12-75-28 West of the Fifth P.M.
Madison County, IA.

Document or instrument number of associated documents previously recorded:

212

No 560-11-11-82-0120-00

IOWA Property Tax

Application for Homestead Tax Credit

This application must be filed with your city or county assessor by July 1 of the year for which the credit is claimed. Iowa assessor's addresses can be found at the **Iowa State Association of Assessors Web site.**

Owners Name: Town Family Trust

Property Address: 2387 Carol Rd

Jurisdiction: MADISON

Legal Description: Part 6 in N 1/2 SE Sec 11 & NW SW Sec 12

Parcel Number: See above

I became the owner of the homestead on: 4/1/2011

- By deed
- By contract
- By inheritance
- Other

Evidence of ownership on file as shown in Book No. 2011, Page 1094.

I began to occupy this homestead on April 1st 2011 and will occupy the dwelling house, in good faith, on July 1 and for at least six months during that calendar year, or I am confined in a nursing home, extended-care facility, or hospital and the homestead is not leased or rented, or I am on active duty in the military.

2012 No 560-11-11-82-0120-00



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Legal Description: Par 6 in 1/2 SE Sec 11 & NW 1/4 SW Sec 12

Parcel Number: See above

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- By deed
- By contract
- By inheritance
- Other

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I began to occupy this homestead on April 12 2011 and will occupy the dwelling house, in good faith, on July 1 and for at least six months during that calendar year, or I am confined in a nursing home, extended-care facility, or hospital and the homestead is not leased or rented, or I am on active duty in the military.

I declare residency in Iowa for purposes of income taxation and that no other application for homestead credit has been filed on other property.

Signed: [Signature] Date: 6.20.12

I certify that a smoke detector or smoke detectors meeting the requirements of Iowa Code section 100.18 and 661 Iowa Administrative Code chapter 210

- has been installed OR
- will be installed within thirty days of the filing of this application.

Signed: [Signature] Date: 6.20.12

Written notification must be given to the assessor upon conveyance of this property or its discontinued use as your homestead.

810-4411-3508

Assessor or Authorized Representative

I recommend that this application be: allowed disallowed

Signed: [Signature] Date: 6/20/12

Board of Supervisors allowed disallowed

Date _____