



Document 2013 1842

Book 2013 Page 1842 Type 06 009 Pages 4

Date 6/20/2013 Time 3:03 PM

Rec Amt \$22.00

INDX
ANNO
SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

Type of Document: *Affidavit*

Edgar J. Tyler, Attorney at Law 1511 Caldwell Street, Conway, AR 72034 (501)336-9099

Preparer Information: (Individual's Name, Street Address, City, Zip, Phone)

Amy Nederhoff 2457 160th St, Van Meter, IA 50261

Taxpayer Information: (Individual/Company Name, Street Address, City, Zip, Phone)

✓ Amy Nederhoff 2457 160th St, Van Meter, IA 50261

Return Document to: (Individual/Company Name, Street Address, City, Zip, Phone)

Grantors:

Sally Hoyt Jones

~~David Nelson Ake and Karen Lynn Ake~~

Grantees:

DAVID Nelson Ake

~~Amy Nederhoff~~ *Karen Lynn Ake*

Legal Description:

Lot One (1) of North River Subdivision, a part of Parcel "D", except for Parcel "G", located in the Southeast Quarter (1/4) of the Southwest Quarter (1/4) and the Southwest Quarter (1/4) of the Southeast Quarter (1/4) of Section Thirty-three (33), Township Seventy-seven (77) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 8.816 acres, including .466 acres of County road Right of Way.

Book & Page Reference:

AFFIDAVIT

STATE OF GEORGIA

COUNTY OF Fulton

Sally Hoyt Jones a/k/a Sally H. Jones, being duly sworn, deposes and states:

1. She resides at 551 Cox Road, Roswell, GA 30075.

2. She is the surviving spouse of Samuel Paul Jones a/k/a Samuel P. Jones, who died at Russellville, Arkansas, on January 13, 2009. A copy of the death certificate of Samuel Paul Jones is attached hereto as Exhibit "A".

3. She is personally familiar with the title to the following described real property in Madison County, Iowa at the time of ^{his} ~~her~~ death:

Lot One (1) of North River Subdivision, a part of Parcel "D", except for Parcel "G", located in the Southeast Quarter (1/4) of the Southwest Quarter (1/4) and the Southwest Quarter (1/4) of the Southeast Quarter (1/4) of Section Thirty-three (33), Township Seventy-seven (77) North, Range Twenty-seven (27) West of the 5th P.M., Madison County, Iowa, containing 8.816 acres, including .466 acres of County road Right of Way.

4. Samuel Paul Jones and Sally Hoyt Jones lent funds to David N. Ake and Karen L. Ake which was secured by a mortgage on the above-described real property in the principal sum of \$114,807. This mortgage was recorded February 2, 2009, in Book 2009, Page 286 of Madison County, Iowa records. Mortgagee Samuel Paul Jones was mistakenly identified therein as "Samuel Paul". This was a scrivener's error.

5. Samuel Paul Jones and Sally Hoyt Jones held the mortgage as husband and wife and thus tenants by the entirety. Therefore, Sally Hoyt Jones

succeeded by operation of law to the interest of Samuel Paul Jones upon his death on January 13, 2009. Thus, becoming the sole mortgagee.

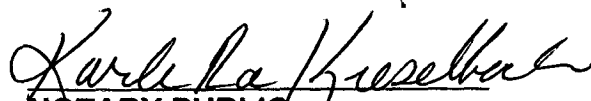
6. On February 13, 2002, Sally Hoyt Jones, then an unmarried person, assigned the entire interest in this mortgage to Sally Hoyt Jones, Trustee of the "Declaration of Trust by Samuel P. Jones and Sally H. Jones, dated February 13, 2002" known as The Samuel P. Jones and Sally H. Jones Living Trust. This assignment was filed August 31, 2010, in Book 2010, Page 2058 of the Madison County, Iowa records. At that time Sally Hoyt Jones was also the sole Trustee of The Samuel P. Jones and Sally H. Jones Living Trust, and the only beneficiary of the Trust.

8. This affidavit is made for the purpose of satisfying the title requirements set forth in item number 2 of the title opinion of David D. Nelson of Whitfield & Eddy, P.L.C.

EXECUTED this 22 day of May, 2013.

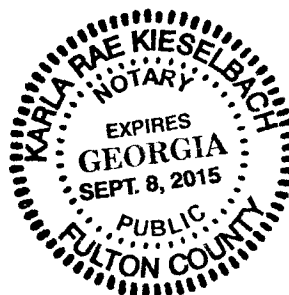

SALLY HOYT JONES

SUBSCRIBED AND SWORN to before me this 23 day of May, 2013.


NOTARY PUBLIC

MY COMMISSION EXPIRES:

9/8/15



STATE OF ARKANSAS

TYPE - PRINT IN PERMANENT BLACK INK SEE INSTRUCTIONS

ARKANSAS DEPARTMENT OF HEALTH Vital Records CERTIFICATE OF DEATH

1. DECEDENT'S LEGAL NAME (Exclude AKA's and /s/; First, Middle, Last, Suffix) Samuel Paul Jones		2. SEX Male	3a. DATE OF DEATH (Month/Day/Year) January 13, 2009	3b. TIME OF DEATH 1:50
4. SOCIAL SECURITY NO. [REDACTED]	5a. AGE - Last Birthday (Years) 67	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) September 3, 1941
7. BIRTHPLACE (City and State or Foreign Country) Huntington Park, California		8. RESIDENCE STATE OR FOREIGN COUNTRY Arkansas		
9. COUNTY Pope		10. CITY OR TOWN Russellville		
11. NUMBER AND STREET 135 Bibler Lane		12. APT. NO. 72802	13. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. EVER PLUS ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		
16. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Sally Ann Hoyt		17. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room <input type="checkbox"/> Outpatient <input type="checkbox"/> Home		
18. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home / Long Term Care Facility <input type="checkbox"/> Other (Specify)		19. COUNTY OF DEATH Pope		
20. FACILITY NAME (If not available, give number & street) 135 Bibler Lane		21. CITY OR TOWN Russellville		22. ZIP CODE 72802
23. FATHER'S NAME (First, Middle, Last) Karl Joseph Jones		24. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Alice Eleanor Hedberg		
25. INFORMANT'S NAME Sally A. Jones		26. RELATIONSHIP TO DECEDENT Wife		27. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code) 135 Bibler Lane, Russellville, Arkansas 72802
28. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)				
29. PLACE OF DISPOSITION (Name of cemetery, mausoleum, other place) Sacred Heart Cemetery		30. LOCATION - CITY, TOWN, AND STATE Dowagiac, Michigan		
31. EMBALMER'S NAME (If not embalmed, check box) Phillip C. Collie II		32. EMBALMER'S LICENSE # 2222	33. SIGNATURE (Funeral Service License or Other Agent) <i>Phillip C. Collie II</i>	
34. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Shinn Funeral Service, Post Office Box 700, Russellville, Arkansas 72811-0700				35. LICENSE # 83
36. DATE PRONOUNCED DEAD 1-13-09 1350		37. TIME PRONOUNCED DEAD <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		38. NAME AND TITLE OF PERSON PRONOUNCING DEATH (Print if type) D. Hottel Deputy Coroner
39. WAS MEDICAL EXAMINER OR DOCTOR CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				40. APPROXIMATE INTERVAL (From time of death) with with SIXES
41. CAUSE OF DEATH (Do not enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.) Cardio-Pulmonary Arrest with Acute Myocardial Infarction Cardiac History				
42. PART I: Error or other specific conditions contributed to death, but not resulting in the underlying cause given in PART I. History of Hypertension yrs				43. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
44. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
45. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				
46. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		47. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within last year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		
48. DATE OF INJURY (Month/Day/Year)	49. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM	50. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, school, street)		51. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
52. LOCATION OF INJURY (Number, Street, Apartment No., Cor, State, Zip Code)				
53. DESCRIBE HOW INJURY OCCURRED				54. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver / Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
55. CERTIFIER (Check only one) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated <input type="checkbox"/> Pronouncing & Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated <input type="checkbox"/> Medical Examiner - On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated <input checked="" type="checkbox"/> Coroner - On the basis of examination, autopsy investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated <input type="checkbox"/> Hospice Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated				
SIGNATURE <i>[Signature]</i>		TITLE Coroner		DATE 1-13-09
56. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print) Leonard Krout, Pope County Coroner, 13 Emergency Lane, Russellville, Arkansas 72802				57. LICENSE #
58. SIGNATURE OF REGISTRAR <i>Judie Bynum, DR</i>			59. FOR REGISTRAR ONLY - DATE FILED (Month/Day/Year) January 15, 2009	

To Be Completed / Verified by FUNERAL DIRECTOR

To Be Completed / Verified by MEDICAL CERTIFIER



THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

[Signature]
Michael A. Adams
State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

1782919

VR-112

Exhibit "A"