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C3820

REAL ESTATE ASSESSMENT ROLL FOR 1992

BH 3/15/92

MADISON COUNTY

Such protests to be confined to the grounds specified in Section 441.37, Code of lowa If you are not satisfied that the foregoing assessment is correct you may file a protest against such assessment with the board of review on or after April 16, to and including May 5.

before October 15 by publication in an official newspaper of general circulation to any class of property affected by the equalization order. The board of review shall be in session On odd numbered years, the foregoing valuations are subject to equalization pursuant to an order issued by the director of revenue. The county auditor shall give notice on or from October 15 to November 15 to hear protests of affected property owners or taxpayers whose valuations have been increased by the equalization order.

Valuations on your tax statement may differ with the assessment valuation shown below due to "rollback percentage"

VALUES WILL AFFECT TAXES PAYABLE 93-94 CATHERINE A. WELTHA

46204 830053004400000 1102 W. WASHINGTON INTERSET , I CAPPS, WILLIS HI DESCRIPTION Assessed to Sec. , IĐ S LILLIAN L. Twp. 50273 Rng. TOTAL C.S.R. NET ACRES CLASS H was Find ou CAND OR LOTS QB3 Taxing District Langue main AGRICULTURAL **DWELLINGS** IMPROVEMENTS Industrial C - Commercial R - Residential A - Agriculture TOTAL ASSESSED VALUE

HONORS 2ND ADDITION

00

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12900

32400

45300

WINTERSET CORP WINTERSET

County Assessor

J & J Business Forms, Inc.

TOTAL

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12900

32400

COEST

STATE OF IOWA DEPARTMENT OF HEALTH

114.

					MENT OF M			114-		
TYPE. OR PRINT IN		(CERTIFICATE OF DEATH			Н	STATE PILE NUMBER			
PERMANENT INK	DECEASED - NAME FIRST			MIDDLE		LAST	SEX	DATE OF DEATH (MONTH, I		
SEE HANDBOOK FOR INSTRUCTIONS	Lillian			Louiso		Capps 2 Female		. Manual D 3005		
	1.			Louise	UNDER I DAY		2. Female	3. March		175
ſ	RACE WHITE, NEGRO, AMERI ETC. (SPECIFY)	i	AGE-LAST BIRTHDAY (YEARS)		HOURS MI	YEAR)		1	,	
	. White	i	50.45	Sb.	Se.	6. May	26, 1929	Madis		
ļ	CITY, TOWN, OR LOCATIO	ON OF DEATH	i c	INSIDE CITY LIMITS	HOSPITAL OF	OTHER INSTITU	UTION—NAME (IF NO	T IN EITHER, C	SIVE STREET AND	NUMBER)
	n Winterset n Yes n 1102 W. Washington									
(DECEASED)		STATE OF BIRTH LIF NOT IN U.S.A., NAME CITIZEN OF V			MARRIED, NE	MARRIED, NEVER MARRIED, SURVIVING SPO			FE, GIVE MAIDER	N NAME)
ļ	COUNTRY) II S				widowed, divorced (specify) 10. Married 11. Will			lis H. Capps		
USUAL RESIDENCE WHERE DECEASED	8. LOWA	,	U.S.A.	TION (GIVE KIND O			ININ OF BUSINESS	AS IL	Capps	CEASED EVER IN IL
LIVED, IF DEATH OCCURRED IN	VORKING LIFE,				WORK BOINE DO	KING MOSI CI	KIND OF BUSINESS OR INDUSTRY WAS DECEASED EVER IN U. 5 ARMED SERVICES? GIVE DATES OF SERVICES? 13b. DOMESTIC 13c. NO			
INSTITUTION, GIVE RÉSIDENCE BEFORE				naker			In Domestic In No			
ADMISSION,	RESIDENCE—STATE COUNTY			CITY, TOWN, OR LOC.			INSIDE CITY LIMITS STREET AND		D NUMBER	
	14. Iowa	146. Mad	lison	14c. Winte	rset		14d. Yes	1	12 W. W	ashington
		FIRST		DOLE	LAST	MOTHER-M		RST	MIDDLE	LAST
CPARENTS		- h	т		Dunder		Elma		E.	Clatam
	INFORMANT—NAME	thur	1	·	Purdy	16.	(STREET OR R.F.D. NO			Claiser
	1	llis H.	•		1					_
			In. 1102 W. Washington Winterset, Iowa 50273					Lowa 50273		
1					[ENTER ONLY ONE CAUSE PER LINE FOR (o), (b), AND (c)]					BETWEEN ONSET AND DEATH
	Myocardial ^I nfarction								20 min	
	(a)									20 //
		DUE TO, OR	AS A CONSEQUENC	E Of:						
	CONDITIONS, IF ANY, WHICH GAVE RISE TO (b)								·	
	IMMEDIATE CAUSE (Q), STATING THE UNDER-	DUE 10, OR	AS A CONSEQUENC	E OF:						-
CCAUSE	LYING CAUSE LAST	(c)								
<u> </u>	PART II OTHER SIGNIFIC		INS. CONDITIONS	CONTRIBUTING TO	SEATH BUT NOT M	SAME OF STAN	Clushy by \$487 (In)	TA.	UTOPSY	IF YES WERE PINDINGS CON- SIDERED IN DETERMINING CAUSE
į	ייחסי ייסי								OF DEATH	
.]	ACCIDENT, SUICIDE, HOM	ICIDE TOATE	OF INTERY (ONTH, DAY, YEAR)	HOUR	1			h.	196.
	OR UNDETERMINED (SPECI	HOW IN			JURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.)					
ł	20g. 20b. 20k. M. 20d.									
	INJURY AT WORK	PLACE OF INJU	IRY AT HOME, FARM	, STREET, FACTORY,	LOCATION	(ST	REET OR R.F.D. NO	O., CITY OR	TOWN, COL	UNTY, STATE)
į	20e.	20f.			20g.	•				
,	CERTIFICATION -	MONTH DAY	YEAR MON	TH DAY YEAR	AND LAST S	AW HIM/HER	BODY AFTER DE	VIEW DEA	TH OCCU	RRED AT THE PLACE ON THE DATE, AND TO THE BEST OF MY
	I ATTENDED THE DECEASED FROM		ΤΟ		MONTH	DAY YEAR			3 A - 3A	THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE (S) M STATED.
	21A.	··	218.		21C.	<u>.</u>	_{210.} did	215.	10:30	
GERTIFIER	CERTIFICATION BY: ATTENDING PHYSICIAN MEDICAL EXAMINER THE DECEDENT WAS PRONOUNCED 22A. DEPUTY MEDICAL EXAMINER XX 22B.									D DEAD YEAR
Commiss	CERTIFIER - NAME (TYPE OR PRINT) DIGNATURE DEGREE OR TITLE DATE SIGN									GNED (MO. DAY. YEAR)
										18-75
	MAILING ADDRESS - CERTIFIER STREET OR RIF.D. NO. CITY OR TOWN STATE									ZIP
l	23D.	775 W.	Court I	Arro Mir	terset.	Iowa	50273			
	BURIAL CREMATION, REM			CREMATORY-NA			CATION	CITY OR	TOWN	STATE
	rsecond, 240. Burial		Jan Onia	ent Cemet	OTT	24c.	Orient,	Town		
BURIAG		DAY, YEAR)		ME-NAME AND			. HO., CITY OR TOWN,	STATE, ZIP 1	·	
	246. March 11.		1 _	ins Fune	ral Hom	e 505	E. Court	Wint	erset.	Iowa 50273
j	FUNERAL DIRECTOR SIG	NATURE.	1 111:	REGISTR		+. N	2 12			OCAL REGISTRAR
į	25 ALLTER (11. 6	マイレッ メヤ	1 /20 //	lana 1	$\omega \mathcal{I} \mathcal{J} \mathcal{V}$	Vacalos	r / 1766	Maxi	20.197.5

3.3.Rev.1/68 CP500153/68

Lilian Cappe 23830.
Willis Cappe 23830.
4-28-92
Just Cart.