

Document 2018 1377

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SCAN CHEK

INDX **ANNO**

LISA SMITH, COUNTY RECORDER

MADISON COUNTY IOWA

WARRANTY DEED - JOINT TENANCY

THE IOWA STATE BAR ASSOCIATION Official Form No. 103 **Recorder's Cover Sheet**

\$13,000

Preparer Information: (Name, address and phone number)

Samuel H. Braland, 115 E. First Street, P.O. Box 370, Earlham, IA 50072 (515) 758-2267

Taxpayer Information: (Name and complete address)

Jacob Kyle and Angelia Lynn Johnston 1534 - 120th Street Earlham, Iowa 50072

Return Document To: (Name and complete address)

Samuel H. Braland P.O. Box 370 Earlham, Iowa 50072

Grantors:

Kathleen Ann Youngblood

Grantees:

Jacob Kyle Johnston Angelia Lynn Johnston

Legal description: See Page 2

Document or instrument number of previously recorded documents:



WARRANTY DEED JOINT TENANCY

For the consideration of 13,000.00 and no/100ths-consideration, KATHLEEN ANN YOUNGBLOOD and GAR	
consideration, KATTIELEN ANN TOUNGBEOOD and GAR	do hereby Convey to
JACOB KYLE JOHNSTON and ANGELIA LYNN JOHNSTON	
TACOD K TEE JOHNSTON and ANOLEMA ETHIN JOHNST	as Joint Tenants
with Full Rights of Survivorship, and not as Tenants in Comm Madison County, Iowa:	
The East Ten (10) Acres of the Northeast Quarter (1/4) of the N (14), Township Seventy-six (76) North, Range Twenty-nine (2) County, Iowa	
Grantors do Hereby Covenant with grantees, and successors in interest, that grantors hold the real estate by title in fee simple; that they have good and lawful authority to sell and convey the real estate; that the real estate is free and clear of all liens and encumbrances except as may be above stated; and grantors Covenant to Warrant and Defend the real estate against the lawful claims of all persons except as may be above stated. Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the real estate. Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context. Dated on 27 April , 2018 Kathleen Ann Youngblood(Grantor) Gary Youngblood Grantor)	
(Grantor)	(Grantor)
STATE OF CALFERVIA, COUNTY OF This record was acknowledged before me on April Youngblood and Gary Youngblood	

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.		
State of California County of KIVERSIDE On April 27, 2018 before me, VI-	to A-VitAleII, Publice	
personally appeared KATHLEEN ANN YOUNGESTOOD QND		
GARY YOUNGBlood	Name(s) of Signers	
who proved to me on the basis of satisfactory evidence to be the person whose name(s) stare subscribed to the within instrument and acknowledged to me that he/she they executed the same in his/her/their authorized capacity (ies) and that by his/her/their signature(s) on the instrument the person or the entity upon behalf of which the person signature (s) and the instrument.		
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.	
VITO A. VITALE III COMM. # 2105465 NOTARY PUBLIC-CALIFORNIA M RIVERSIDE COUNTY OF COMM. Exp. APR. 2, 2019	WITNESS my hand and official seal. Signature	
	Signature of Notary Public	
Place Notary Seal Above	TIONAL -	
Though this section is optional, completing this	information can deter alteration of the document or sform to an unintended document.	
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above:	Number of Pages:	
Capacity(ies) Claimed by Signer(s)	7	
Signer's Name:	Signer's Name:	
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):	
☐ Partner — ☐ Limited ☐ General	□ Partner — □ Limited □ General	
☐ Individual ☐ Attorney in Fact ☐ Guardian or Conservator	☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator	
	☐ Trustee ☐ Guardian or Conservator ☐ Other:	
Signer Is Representing:	Signer Is Representing:	