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Date 8/10/2026 Time 10:46:29AM
Rec Amt $17.00 Aud Amt $5.00

Daneen Schindler, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

Return To: Mark A. Roeder, 119 E. Main St., Manchester, IA 52057-1736
Taxpayer: Mary R. Clemen, 500 Seeley St., Manchester, IA 52057
Preparer: Mark A. Roeder, 119 E. Main St., Manchester, IA 52057-1736, Ph. (563) 927-2782

Affidavit Certifying Death of Tenant in Common and Ownership Succession

I, Mary R. Clemen, being first duly sworn on oath, depose and state as follows:

1. I am the surviving spouse of Richard J. Clemen (hereafter "Richard" or "Decedent"), and was well and personally acquainted with Richard.

2. Richard died on June 19, 2021. A certified copy of his Certificate of Death with Social Security number and date of birth redacted is attached hereto, and incorporated herein by this reference.

3. At the time of Richard's death Richard and I owned as tenants in common the following legally described real estate in Delaware County:

> All that part of the 50 foot wide abandoned right of way of the former Chicago, Milwaukee, St. Paul and Pacific Railway Company across the Southeast Quarter (SE¼) of the Southeast Quarter (SE¼) of Section Thirty-One (31), Township Eighty-nine (89) North, Range Four (4) West of the 5th P.M., Delaware County, Iowa, lying Southerly of the centerline of Virginia Street, as projected Westerly, subject to highways and easements of record.

4. Title to the above property was transferred to Decedent and me by Affidavit of Adverse Possession Under Tax Deed recorded May 2, 1997 at Book 19, Page 64; and by Tax Sale Deed recorded May 2, 1997 at Book 138, Page 66.

5. No estate administration was opened for the Decedent in Iowa or elsewhere, and the time for opening estate administration has passed under Iowa Code § 633.331, it being more than five (5) years since the Decedent's death.

6. Decedent died survived by issue. All of Decedent's issue are also my issue. Accordingly, under the laws of intestate succession, including Iowa Code § 633.211, I am the sole heir to Decedent's interest in the real estate described herein.

7. Form 706, United States Estate Tax return, **IS NOT** required to be filed as a result of the death of the Decedent.

8. An Iowa inheritance tax return is not required to be filed under Iowa Code § 450.22(3) (2019).

9. I hereby request that the auditor enter this information on the transfer books.

August 10, 2026

Mary R. Clemen

Mary R. Clemen

STATE OF IOWA)
) ss:
COUNTY OF DELAWARE)

Signed and sworn to (or affirmed) before me on this 10th day of August 2026 by Mary R. Clemen.

Mark A. Roeder

Signature of Notary Public

MARK A. ROEDER
Commission Number 728724
MY COMMISSION EXPIRES
JUNE 6, 2028

Prepared by Attorney Mark A. Roeder
Manchester, Iowa

STATE OF IOWA
CERTIFICATION OF VITAL RECORD

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

114-2021-014877

BIRTH NUMBER: *Not Available*

DECEDENT INFORMATION

NAME: *Richard Joseph Clemen*
ALIAS:
PLACE OF BIRTH: *Iowa*
ARMED FORCES: *No*
DECEDENT MAIDEN LAST NAME: *Clemen*
FATHER'S NAME: (prior to any marriage) *Henry Clemen*
MOTHER'S NAME: (prior to any marriage) *Edna Leigh*
RESIDENTIAL ADDRESS: *500 Seeley Street*
Manchester, Iowa 52057
INFORMANT NAME: *Mary Clemen*
INFORMANT RELATIONSHIP: *Wife*
MARITAL STATUS: *Married*
SURVIVING SPOUSE: (prior to any marriage) *Mary Loop*

DATE FILED: *07/01/2021*
SSN: [redacted]
SEX: *Male*
DATE OF BIRTH/AGE: [redacted] *81 Years*
DATE/TIME OF DEATH: *06/19/2021 (Actual)*
03:39 PM (Actual)
RESIDENCE COUNTY: *Delaware*
COUNTY OF DEATH: *Delaware*
PLACE OF DEATH: *Hospice Non-facility*
FACILITY/ADDRESS: *500 Seeley Street*
Manchester, Iowa 52057

MEDICAL CAUSE OF DEATH INFORMATION

INTERVAL UNITS

IMMEDIATE CAUSE OF DEATH: *Urothelial (transitional Cell) Carcinoma Of The Right Renal Pelvis, With Recurrence In The Bladder And Prostatic U*
DUE TO OR AS A CONSEQUENCE OF:
DUE TO OR AS A CONSEQUENCE OF:
UNDERLYING CAUSE, IF ANY:
OTHER SIGNIFICANT CONDITIONS: *Diabetes Mellitus Type 2, Atrial Fibrillation, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease*

MANNER OF DEATH: *Natural*
AUTOPSY PERFORMED/FINDINGS: *No*
TOBACCO CONTRIBUTED TO DEATH: *Yes*
M.E. CONTACTED: *No*

LOCATION OF INJURY:
Iowa
DESCRIPTION OF INJURY: *None*

METHOD OF DISPOSITION: *Burial*
PLACE: *Saint Mary Cemetery-Manchester*
LOCATION: *Manchester, Iowa*
FUNERAL DIRECTOR: *Brian Allen Muller*
Leonard-Muller Funeral Home-Manchester
Manchester, Iowa 52057

CERTIFIER/TITLE: *Blanka Divisova* *MD*
DATE CERTIFIED: *07/01/2021*
CERTIFIER ADDRESS: *709 West Main Street, PO Box 359*
Manchester, Iowa 52057

This is to certify that this is a true and correct reproduction of the original record as recorded in this state, issued under the authority of Chapter 144, Code of Iowa. This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar or Designee.

THIS COPY NOT VALID UNLESS UNALTERED AND PREPARED ON CERTIFIED SECURITY PAPER

07/01/2021
DATE ISSUED

Doreen Schindler
COUNTY REGISTRAR

Melissa R. Bird
DEPUTY STATE REGISTRAR

County of Issuance: Delaware

FORM #588-0328S (Revised 09/2017)

S3514989