

BK: 2017 PG: 1007
Recorded: 3/31/2017 at 10:10:33.0 AM
Fee Amount: \$17.00
Revenue Tax:
LISA SMITH RECORDER
Madison County, Iowa



STATEMENT OF ESCROW AGENT

THE IOWA STATE BAR ASSOCIATION
Official Form No. 163
Recorder's Cover Sheet

Preparer Information: (Name, address and phone number)

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

Taxpayer Information: (Name and complete address)

David M. and Regina I. Robinson
1391 State Highway 92
Winterset, Iowa 50273

Return Document To: (Name and complete address)

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

Grantors:

Geneva M. Holmes Revocable Living Trust

Grantees:

David M. Robinson
Regina I. Robinson

Legal description: See Page 2

Document or instrument number of previously recorded documents:



STATEMENT OF ESCROW AGENT

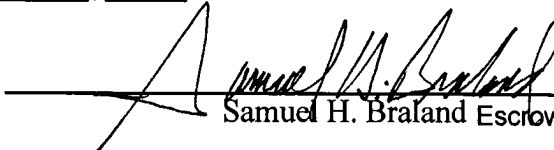
The undersigned states that there was deposited with the undersigned, as escrow agent, within the 180 days last past, an instrument of conveyance concerning real estate situated in Madison County, Iowa described as:

The West Half (1/2) of the Northwest Quarter (1/4) of Section Thirty-six (36), Township Seventy-six (76) North, Range Twenty-nine (29) West of the 5th P.M., Madison County, Iowa: EXCEPT the North 8 rods of the East 3 rods thereof; AND EXCEPT the South 465.5 feet thereof,

in which Geneva M. Holmes Revocable Living Trust of Madison County, Iowa is grantor and David M. Robinson and Regina I. Robinson of Madison County, Iowa is grantee.

This statement is made and offered for recording in compliance with Section 558.44, Code of Iowa.

On this 30th day of March, 2017.

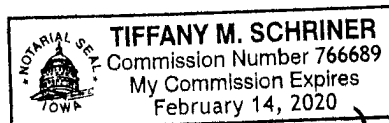

Samuel H. Braland Escrow Agent

STATE OF IOWA

COUNTY OF MADISON

ss.

On this 30th day of March, 2017, before me, a Notary Public, personally appeared Samuel H. Braland, to me known to be the person(s) named in and who executed the foregoing instrument and acknowledged that ~~(she)~~ (he) ~~(they)~~ executed the same as ~~(her)~~ (his) ~~(their)~~ voluntary act and deed.




Tiffany M. Schriner
Notary Public in and for the State of Iowa

STATE OF IOWA

COUNTY OF _____

ss.

On this _____ day of _____, _____, before me, a Notary Public, in and for said county and state, personally appeared _____, to me personally known, who being by me duly (sworn) (affirmed) did say that (she) (he) (they) (is) (are) _____ of said (corporation) (association), that (the seal affixed to said instrument is the seal of said) (no seal has been procured by the said) (corporation) (association) and that said instrument was signed (and sealed) on behalf of the said (corporation) (association) by authority of its Board of (Directors) (Trustees) and the said _____ acknowledged the execution of said instrument to be the voluntary act and deed of said (corporation) (association) by it voluntarily executed.

Notary Public in and for the State of Iowa