



Document 2019 918

Book 2019 Page 918 Type 06 009 Pages 4

Date 3/29/2019 Time 12:39:28PM

Rec Amt \$22.00

INDX
ANNO
SCAN

LISA SMITH, COUNTY RECORDER
MADISON COUNTY IOWA

CHEK

Affidavit of Small estate

Type of Document

PREPARER INFORMATION: (name, address, phone number)

Sheryl Hayes
610 W. Summit St
Winterset Ia 50273

TAXPAYER INFORMATION: (name and mailing address)

N/A

RETURN DOCUMENT TO: (name and mailing address)

Sheryl Hayes
610 W. Summit St
Winterset Iowa, 50273

GRANTOR: (name)

Dixie McDonald
Sheryl Hayes

GRANTEE: (name)

Sheryl Hayes

LEGAL DESCRIPTION: (if applicable)

See page:

N/A

Document or instrument of associated documents previously recorded:
(if applicable)

AFFIDAVIT OF SMALL ESTATE

STATE OF IOWA

COUNTY OF USA

I, Sheryl Lynn Hayes, upon oath state:

- a. My mailing address is: 610 West Summit St, Winterset, Iowa, 50273.
- b. My residential address is: 610 West Summit St, Winterset, Iowa, 50273.
- c. My telephone number is: 515-822-4362
- d. I am a successor of the Decedent's estate and am at or over the age of majority and am legally competent in all respects to make this affidavit.
- e. I am _____.

DECEDENT'S INFORMATION:

- a. The Decedent's full name is: Dixie Lee McDonald
- b. The date of the Decedent's death was February 16, 2019.
- c. The Decedent's place of death was: Winterset, Iowa.
 - 1. I have attached a certified copy of the death certificate.
- d. At least 40 days have elapsed since the death of the Decedent.
- e. The Decedent's place of residence immediately before death was: 1111 North 8th Ave Apt 3, Winterset, Iowa, 50273.
- f. No letters of office are now outstanding on the Decedent's estate, and no petition for the appointment of a personal representative has been granted or is pending in Iowa or in any other State to my knowledge.
- g. This court has jurisdiction in this matter, because the Decedent resided in this State prior to death

DECEDENT'S ESTATE VALUE:

The Decedent's estate does not include real property. The gross value of the Decedent's entire estate wherever located and including any contents of a safe deposit box, excluding liens and encumbrances, does not exceed \$3,000.00.

DECEDENT'S FUNERAL EXPENSES:

All of the Decedent's funeral expenses have been paid.

MEDICAID ESTATE RECOVERY ACT:

All money owed, if any, to the Department of Health and Human Services as a result of payment for benefits for Medicaid have been paid or provided for.

DECEDENT'S CREDITOR CLAIMS:

There is no known unpaid claimant or contested claim against the Decedent, except as stated in

the section entitled "Decedent's Funeral Expenses."

DECEDENT DIED:

The Decedent died without a will (intestate).

The names and places of residence of any surviving spouse, living minor child(ren), and living adult child(ren) of the Decedent are as follows:

Sheryl Lynn Hayes	Daughter
610 West Summit Street Winterset, Iowa, 50273	
Portion of Estate: 750.00	

Robert Lewis McDonald	son
3774 Trinity Lane Abilene, Texas, 79602	
Portion of Estate: 750.00	

Lucas Jay McDonald	son
11 Zachary Lane North Plymouth, Minnesota, 55441	
Portion of Estate: 750.00	

Shelly Annette Gambrall	Daughter
1110 Sandra Drive Johnstown, Colorado, 80534	
Portion of Estate: 750.00	

LIST OF ASSETS IN THE DECEDENT'S ESTATE

1. DECEDENT'S PERSONAL PROPERTY TO BE DISTRIBUTED:

<u>Property Description</u>	<u>Fair Market Value</u>
0737802	\$3,000.00

Recipient Name: _____

Total Fair Market Value of Decedent's Personal Property:	\$3,000.00
--	------------

2. DECEDENT'S REAL PROPERTY TO BE DISTRIBUTED:

The Decedent has no real property to distribute.

3. DECEDENT'S MOTOR VEHICLES:

The Decedent has no motor vehicles to distribute.

DECLARATIONS OF AFFIANT:

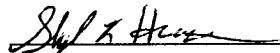
I have given written notice, by personal service or by certified mail, identifying my claim and describing the property claimed, to every person whose right to succeed to the Decedent's property is equal or superior to mine, and at least 14 days have elapsed since the notice was served or mailed.

I further acknowledge and understand that filing a false affidavit may constitute a felony in this state.

I declare under penalty of perjury under the laws of the State of Iowa that the foregoing document is true and correct to the best of my knowledge, information, and belief.

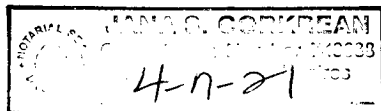
EXECUTED this 29 day of March, 2019.

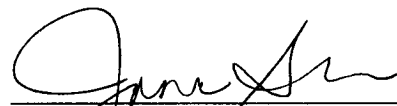
SIGNATURE OF AFFIANT


Sheryl Lynn Hayes

STATE OF IOWA, COUNTY OF MADISON, ss:

On this 29 day of March, 2019, before me personally appeared Sheryl Lynn Hayes, to me known to be the person described in and who executed the foregoing Affidavit, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.




Notary Public

Title (and Rank)

My commission expires 4-7-21