

Return Document To:

(Where does the person completing form want the recorded document mailed)

Name _____ Address _____ City, State, Zip _____

Prepared By:

(Name of person completing this form with phone number)

Name _____ Address _____ City, State, Zip _____ Phone Number _____

Mail Tax Statement To:

(Name and address of where the person wants tax statement mailed)

Name _____ Address _____ City, State, Zip _____ Phone Number _____

AFFIDAVIT OF SURVIVING SPOUSE FOR CHANGE OF TITLE TO REAL ESTATE

STATE OF IOWA
COUNTY OF LINN

I, _____, being first duly sworn on oath, depose and state as follows:

(Name of Person completing this form)

1. I am the surviving spouse of _____, who died on the _____ day of _____
(Deceased Person's Name)
_____, _____.

(Month, Year of Death)

2. The following described real estate was owned by _____ and _____
(Surviving Spouse's name)
_____ as joint tenants with full rights of survivorship at the time of
(Deceased Spouse's name)
_____’s death.

(Deceased Name)

LEGAL DESCRIPTION OF PROPERTY:

3. I hereby request that the Auditor enter this information on the transfer books pursuant to Section 558.66 of the Iowa Code.

Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public in and for the State of Iowa