	Name	Address	Ci	ty	Zip	
epared						
x	Name	Address	City	Zip	Phone	
x ntement:						
	Name	Address	City	Zip	Phone	
	AFFIDAVIT OF	SURVIVING SPOUS	E FOR CHANG	E OF TITLE T	<u>O REAL ESTATE</u>	
ATE OF IO	WA, COUNTY	OF SCOTT				
		, beir	ng first duly swo	orn on oath, depo	ose and state as follo	ws:
		spouse of		,`	who died on the	day of
		ribed real estate was ov	wned by		and	I
			as joint tena	nts with full righ	ts of survivorship	
at the time of			''s death.			
gal Descripti	on of Property:					
gal Descripti	on of Property:					
gal Descripti	on of Property:					
gal Descripti	on of Property:					
3. []		at the Auditor enter th	nis information	on the transfer b	ooks pursuant to see	ction 558.
	hereby request th	at the Auditor enter th		on the transfer b ature	books pursuant to see	ction 558.