

IN THE IOWA DISTRICT COURT IN AND FOR
JOHNSON COUNTY

This Complaint and Affidavit is to be:

- ☒ Filed with Court Clerk (cc: CA)
☐ Submitted to County Attorney
☐ Filed with JCO - Defendant is a Juvenile

Form Number: **24-1201**Arrest Date: **06/09/2025**

THE STATE OF IOWA

VS.

OFFENDER

Last FRANCE		First KEELAN		Middle JONOTHON		Suffix	
Address 303 AMHURST ST				City IOWA CITY		State IA	Zip Code 52245
DL# [REDACTED]	State IA	DL Class C	DL Endorsements		DL Restrictions B		
Date of Birth 12/14/1998	Gender MALE		Race WHITE - W		Ethnicity		
Height 5' 11"	Weight 155 LBS		Eye Color BROWN - BRO		Hair Color BROWN - BRO		

OFFENSE

State <input checked="" type="checkbox"/>	County <input type="checkbox"/>	Local <input type="checkbox"/>	Code Section 726.25(3)(E)	Crime Description FIN. EXPLOITATION OF OLDER INDIVIDUAL-1ST OFFENSE		Speed	In	Zone
Class FELB			Serious P.I. <input type="checkbox"/>	Fatal Accident <input type="checkbox"/>	Civil Damage Assessment <input type="checkbox"/>	Other <input type="checkbox"/>		
Location Type 20 - RESIDENCE/HOME								
Literal Description AMHURST ST								
Address				City IOWA CITY		State IA	Zip Code 52245	
Is Date and Time of Incident Known? NO		Incident Date or Low Range 11/03/2022		Upper Date Range 01/07/2025		Incident Time or Low Range 00:00		Upper Time Range 23:59

STATUS OF OFFENDER/JUVENILE

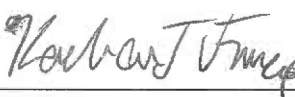
<input type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY	<input checked="" type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input type="checkbox"/> WARRANT REQUESTED	<input type="checkbox"/> NO CONTACT ORDER REQUESTED	<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN

NARRATIVE

Narrative of Offense Committed

On or about the above stated date and time, the Defendant did commit financial exploitation of an older individual, 70-80 years of age, and the value of the benefits, property, resources, belongings, or assets exceeds fifteen thousand dollars

SUMMONS I promise to appear in said court at said time and place.

 Signature of Defendant	Court Date 06/16/2025
	Court Time 8:00 AM
In the Court At JOHNSON COUNTY COURTHOUSE 417 SOUTH CLINTON STREET, IOWA CITY 52240	

VICTIM INFORMATION (Optionally displayed, especially if NCO is requested)

Last FRANCE	First SUSAN	Middle KAY	Suffix
Business/Organization/State/County/Municipality Name			
Address 303 AMHURST ST		City IOWA CITY	State IA Zip 52245

AFFIDAVIT**STATE OF IOWA, JOHNSON COUNTY**

I, the undersigned, being duly sworn, state that all facts contained in this Complaint and Affidavit, known by me or told to me by other reliable persons form the basis for my belief that the defendant committed this crime

State all facts and persons relied upon supporting elements of alleged crime

Susan France is a 76-year-old individual diagnosed with Alzheimer's disease. Defendant is Susan's grandson who lives with her. While acting under the authority of Power of Attorney and in his role as Susan's caregiver, Defendant withdrew \$813,111.30 from Susan's IRA account. The funds were deposited into Susan's GreenState Credit Union (GSCU) checking account.

Defendant subsequently diverted \$656,962.01 in funds from Susan's GSCU checking, savings, and HELOC accounts to Defendant's co-conspirator, Nicole Linderholm, who used these funds for her own personal financial benefit.

Defendant diverted the funds in the following manner:

\$576,091.78 transferred from Susan's GSCU checking and savings accounts to GSCU accounts controlled by Nicole Linderholm

\$60,210.23 transferred from Susan's GSCU savings account to Nicole Linderholm's Citibank credit card account

\$20,660 in loan advances from Susan's GSCU HELOC transferred to GSCU accounts controlled by Nicole Linderholm

Defendant and Nicole Linderholm worked together in a coordinated and ongoing pattern of financial exploitation, using Susan's cognitive decline to gain control of her assets for their own personal benefit.

*DR***RUDOLPH, DENISE****L114**

Signature of Complainant or Officer, Officer Name & Number

GENERAL PROBABLE CAUSE

Defendant Implicated

03 - ADMISSION/STATEMENTS, 07 - IDENTIFIED BY WITNESSES, 14 - OTHER PHYSICAL EVIDENCE

Operating Motor Vehicle in County

Other Physical Evidence

Attempted To Inflict Injury

BANK RECORDS, RECORDINGS**STATE OF IOWA,****JOHNSON COUNTY**

Subscribed and sworn to before me by the person(s) signing the Complaint and Affidavit(s) on 06/09/2025

Notary Name

STEPHANIE SHELANGOSKI

Signature of Verifying Party

Commission Number

My Commission Expires

[Signature] # L112

Peace Officer



Notary



Prosecuting Attorney