

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 <b>LINDERHOLM</b>		First <b>NICOLE</b>		Middle <b>LEIGH</b>		Suffix	
Address <b>2512 PRINCETON RD</b>				City <b>IOWA CITY</b>		State <b>IA</b>	Zip Code <b>52245</b>
DL# <b>[REDACTED]</b>	State <b>IA</b>	DL Class <b>C</b>	DL Endorsements <b>NONE</b>		DL Restrictions <b>B</b>		
Date of Birth <b>08/19/1975</b>	Gender <b>FEMALE</b>		Race <b>WHITE - W</b>		Ethnicity		
Height <b>6' 00"</b>	Weight <b>210 LBS</b>		Eye Color <b>GRAY - GRY</b>		Hair Color <b>BLONDE OR STRAWBERRY - BLN</b>		

## OFFENSE

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

## 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 <b>06/16/2025</b>
	Court Time <b>8:00 AM</b>

In the Court At **JOHNSON COUNTY COURTHOUSE 417 SOUTH CLINTON STREET, IOWA CITY 52240**

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

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

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 daughter. Defendant knowingly received \$656,962.01 in funds that Defendant's co-conspirator, Keelan France, transferred from Susan's GSCU checking, savings, and HELOC accounts to Defendant, who used these funds for her own personal financial benefit.

The funds were diverted in the following manner:

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

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

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

Defendant and Keelan France 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.

*DRR***Rudolph, Denise****L114**

Signature of Complainant or Officer, Officer Name &amp; 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	Signature of Verifying Party
	Commission Number	<i>[Signature]</i> #2112
	My Commission Expires	<input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney