



Office of the  
**Johnson County Attorney**



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**Contact Number:** 319-339-6100

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FOR IMMEDIATE RELEASE

### Grandson and Daughter in Iowa City Charged with Financial Exploitation of Elderly Family Member

Wednesday, June 11, 2025 (JOHNSON COUNTY, IA) – Keelan France, age 26, and Nicole Linderholm, age 49, both of Iowa City, have each been charged with Financial Exploitation of an Older Individual, a Class B felony that carries a maximum sentence of an indeterminate term not to exceed 25 years, following an investigation conducted by the Iowa Insurance Division's Fraud Bureau.

The charges that are being prosecuted by the Johnson County Attorney's Office, stem from a pattern of unauthorized spending and misuse of more than \$500,000 of funds belonging to an elderly family member with diminished capacity. According to a criminal complaint filed by the Iowa Insurance Division's Fraud Bureau, the defendants allegedly used their positions of trust to gain access to the victim's financial resources, diverting money for their own personal benefit that resulted in substantial financial losses for the victim, with ongoing risk to her remaining assets.

A criminal charge is merely an accusation, and all defendants are presumed innocent until proven guilty.

Iowans are encouraged to report instances of senior financial exploitation and dependent adult abuse to the [Iowa Insurance Division](#) at 1-877-955-1212 and the [Iowa Department of Health and Human Services](#) at 1-800-362-2178.

Additional information for Iowans related to senior financial exploitation can be found at [IowaFraudFighters.gov](http://IowaFraudFighters.gov) or at the Iowa Fraud Fighters' "[Stop the Scammers](#)" events in various communities around Iowa.

-END-

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>FRANCE</b>		First <b>KEELAN</b>		Middle <b>JONOTHON</b>		Suffix	
Address <b>303 AMHURST ST</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		DL Restrictions <b>B</b>		
Date of Birth <b>12/14/1998</b>	Gender <b>MALE</b>		Race <b>WHITE - W</b>		Ethnicity		
Height <b>5' 11"</b>	Weight <b>155 LBS</b>		Eye Color <b>BROWN - BRO</b>		Hair Color <b>BROWN - BRO</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

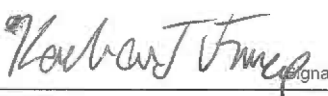
<input type="checkbox"/> TAKEN INTO CUSTODY	CUSTODY	<input checked="" type="checkbox"/> SUMMONS TO APPEAR (Citation Issued)
<input type="checkbox"/> WARRANT REQUESTED	<input type="checkbox"/> NO CONTACT ORDER REQUESTED	<input type="checkbox"/> RELEASED TO PARENT/GUARDIAN

## 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 <b>JOHNSON COUNTY COURTHOUSE 417 SOUTH CLINTON STREET, IOWA CITY 52240</b>	

## 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 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 &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

**STEPHANIE SHELANGOSKI**

Signature of Verifying Party

Commission Number

My Commission Expires

*[Signature]* # L112

Peace Officer



Notary



Prosecuting Attorney

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## 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

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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

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

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**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 <b>STEPHANIE SHELANGOSKI</b>	Signature of Verifying Party <i>[Signature]</i> #2112
	Commission Number	
	My Commission Expires	<input checked="" type="checkbox"/> Peace Officer <input type="checkbox"/> Notary <input type="checkbox"/> Prosecuting Attorney