263-1258
DELAWARE COUNTY IOWA
FILED
'96 OCT 14 AM 10:13
18 341
RECORDER
$11.00

Preparer ✓ (X) Env.
Information: Kintzinger Law Firm PLC
Atty. Douglas C. Pearce, 100 W. 12th St., Box 703, Dubuque, IA (319)588-0547

AFFIDAVIT

RE: Lots Sixty Two (62) and Sixty Three (63) of "Clair-View Acres at Delhi, Iowa" in Sections 23 and 26, Milo Township, Delaware County, Iowa, according to plat recorded in Book 2 Plats, Page 200.

STATE OF IOWA, COUNTY OF DUBUQUE ss:

I, Douglas C. Pearce, Attorney at Law, Kintzinger Law Firm, 100 West 12th Street, P.O. Box 703, Dubuque, Iowa, 52004-0703, being first duly sworn (or affirmed) under oath, state of my personal knowledge that:

1. Gordon D. Matson, late of 56 Zuma Street, Waterloo, Iowa 50703, died on February 8, 1974.

2. I further state that to my knowledge, Gordon D. Matson, had been a prior owner in joint tenancy with one certain parcel of real estate, said parcel being legally described above, with one Doris L. Matson, as husband and wife, and in joint tenancy.

3. That attached hereto and by this reference made a part hereof is a true and correct copy of the Certficate of Death of Gordon D. Matson that the undersigned affiant has received from the records in the Clerk of the District Court's office at Waterloo, Iowa.

Further, this Affiant sayeth naught.

Douglas C. Pearce, Affiant

STATE OF IOWA, COUNTY OF DUBUQUE ss:

On this 10th day of October, 1996, before me, the undersigned, a Notary Public in and for said State, personally appeared Douglas C. Pearce, to me known to be the identical person named in and who executed the foregoing instrument, and acknowledged that he executed the same as his voluntary act and deed.

SANDRA L. ARP
MY COMMISSION EXPIRES
JANUARY 14, 1999

Sandra L. Arp, Notary Public in and for said State.

DATE 10-14-96 BOOK 18 PAGE 341

STATE OF IOWA
DEPARTMENT OF HEALTH

114-

CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

Filed: 3-1-74

DECEASED

1. DECEASED—NAME (First, Middle, Last): Gordon D. MATSON
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): February 8, 1974
4. RACE (White, Negro, American Indian, Etc. (Specify)): White
5a. AGE—Last Birthday (Years): 55
5b. If Under 1 Year—Months
5c. If Under 1 Day—Hours
5d. If Under 1 Day—Minutes
6. DATE OF BIRTH (Month, Day, Year): Aug 21 1918
7. COUNTY OF DEATH: Johnson
8. CITY, TOWN, OR LOCATION OF DEATH: Iowa City
9. INSIDE CITY LIMITS (Specify Yes or No): Yes
10. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): University Hospital
11. STATE OF BIRTH (If not in U.S.A., name country): Iowa
12. CITIZEN OF WHAT COUNTRY: U.S.A
13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
14. SURVIVING SPOUSE (If wife, give maiden name): Doris Fairbanks
15. SOCIAL SECURITY NUMBER: [redacted]
16a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
16b. KIND OF BUSINESS OR INDUSTRY: Clopay Mfg Co.
17. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Give dates of service): No
18a. RESIDENCE—STATE: Iowa
18b. COUNTY: Black Hawk
18c. CITY, TOWN, OR LOCATION: Waterloo
18d. INSIDE CITY LIMITS (Specify Yes or No): Yes
18e. STREET AND NUMBER: 56 Zuma St.

USUAL RESIDENCE (Where deceased lived. If death occurred in institution, give residence before admission.): 1607

PARENTS

19. FATHER—NAME (First, Middle, Last): Nick Matson
20. MOTHER—MAIDEN NAME (First, Middle, Last): Winifred Seavers

21. INFORMANT—NAME: Mrs Doris Matson
22. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 56 Zuma St., Waterloo, Iowa 50703

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		Approximate Interval Between Onset and Death
23. IMMEDIATE CAUSE	(a) Chronic Renal Failure	
DUE TO, OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(b) Chronic Glomerulonephritis	
DUE TO, OR AS A CONSEQUENCE OF:		
	(c)	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b)

24. AUTOPSY (Yes or No): Yes
25. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: Yes

26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify)
27. DATE OF INJURY (Month, Day, Year)
28. HOUR
29. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item (b).)
30. INJURY AT WORK (Specify Yes or No)
31. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc. (Specify))
32. LOCATION (Street or R.F.D. No., City or Town, County, State)

CERTIFIER

33. CERTIFICATION: I ATTENDED THE DECEASED FROM (Month, Day, Year) January 24, 1974 TO (Month, Day, Year) Feb. 8, 1974
34. AND LAST SAW HIM/HER ALIVE ON (Month, Day, Year) Feb. 8, 1974
35. I DID/DID NOT VIEW BODY AFTER DEATH: Did
36. DEATH OCCURRED AT THE TIME, DATE AND PLACE AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED. (Hour) 4:10 A.M.
37. CERTIFICATION BY: (Check one) ATTENDING PHYSICIAN [XX] MEDICAL EXAMINER [ ] DEPUTY MEDICAL EXAMINER [ ]
38. THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year)
39. CERTIFIER—NAME (Type or Print): James Piros M.D.
40. SIGNATURE: James Piros
41. DEGREE OR TITLE
42. DATE SIGNED (Mo., Day, Year): February 8, 1974
43. MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., City or Town, State, Zip): University Hospital, Iowa City, Iowa 52242

BURIAL

44. BURIAL, CREMATION, REMOVAL (Specify): Burial
45. CEMETERY OR CREMATORY—NAME: MidWest
46. LOCATION (City or Town, State): Waterloo, Iowa
47. DATE (Month, Day, Year): February 11 1974
48. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Beckman-Buthe rus FH 2619 Muscatine Iowa City Ia 52240
49. FUNERAL DIRECTOR—SIGNATURE: Richard A. Buthe
50. REGISTRAR—SIGNATURE: Nora C. Miller 161
51. DATE RECEIVED BY LOCAL REGISTRAR: FEB 12 1974

R.S.-No.3 - Rev. 1/68 CP80018 3/68

PERMANENT INK