DELAWARE COUNTY IOWA
FILED
2000 AP -3 AM 11:55
BOOK 2000 PAGE 1044
DEBORAH L. PEYTON
DELAWARE CO. RECORDER
11.00

Prepared by: (X) Craig, Wilson & Flickinger 316 1st St. East, Independence, IA 50644 319-334-6061

AFFIDAVIT

STATE OF IOWA :
:ss
BUCHANAN COUNTY :

I, Denny R. Wilson, state that I am the attorney for Dwight C. Hettinger and Karen A. Hettinger, husband and wife, and I file this Affidavit to make of record the Death Record of Addie Sheldon, who died September 4, 1955 in black Hawk County, Iowa. This Death Record is placed of record to show the termination of a Life Estate of Addie Sheldon in the following described real estate:

The West one-half (W1/2) of the Southwest Quarter (SW1/4), and the West South 40.67 acres of the Southwest fractional Quarter (SW fr1/4) of the Northwest Quarter (NW1/4), Section Seven (7), Township Ninety (90) North, Range six (6) West of the Fifth P.m., Delaware County, Iowa.

In the past, but more than forty years ago, the second part of the real estate described above had previously been described as the South forty (40) acres of the West Eighty (80) acres of the Northwest fractional Quarter (1/4) of said Section Seven (7) and both of these descriptions refer to one in the same piece of property.

Dated this 31 day of March, 2000.

Denny R. Wilson

Subscribed and sworn by Denny R. Wilson this 31 day of March, 2000.

Donna L. Pattee
Notary Public in and for the State of Iowa

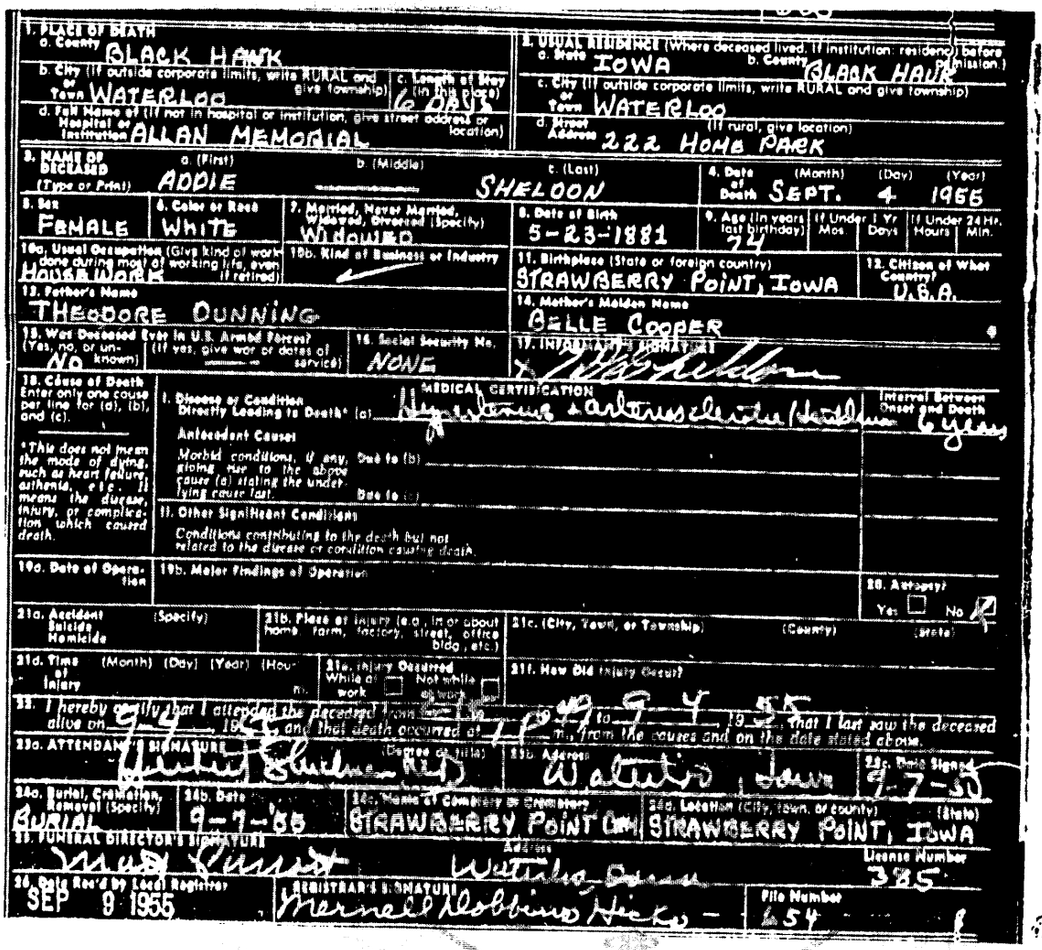
NOTARIAL SEAL IOWA
DONNA L. PATTEE
MY COMMISSION EXPIRES
July 3, 2000

CRAIG, WILSON
& FLICKINGER
ATTORNEYS AT LAW
INDEPENDENCE, IOWA

CERTIFICATE OF VITAL RECORD

STATE OF IOWA

County Record



1. PLACE OF DEATH — a. County: BLACK HAWK; b. City (If outside corporate limits, write RURAL and give township) or Town: WATERLOO; c. Length of Stay (In this place): 6 DAYS; d. Full Name of (If not in hospital or institution, give street address or location) Hospital or Institution: ALLAN MEMORIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) — a. State: IOWA; b. County: BLACK HAWK; c. City (If outside corporate limits, write RURAL and give township) or Town: WATERLOO; d. Street Address (If rural, give location): 222 HOME PARK

3. NAME OF DECEASED (Type or Print): a. (First) ADDIE; b. (Middle); c. (Last) SHELOON

4. Date of Death: (Month) SEPT. (Day) 4 (Year) 1955

5. Sex: FEMALE

6. Color or Race: WHITE

7. Married, Never Married, Widowed, Divorced (Specify): WIDOWED

8. Date of Birth: 5-23-1881

9. Age (In years last birthday): 74; If Under 1 Yr. Mos. / Days; If Under 24 Hr. Hours / Min.

10a. Usual Occupation (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. Kind of Business or Industry

11. Birthplace (State or foreign country): STRAWBERRY POINT, IOWA

12. Citizen of What Country?: U.S.A.

13. Father's Name: THEODORE DUNNING

14. Mother's Maiden Name: BELLE COOPER

15. Was Deceased Ever in U.S. Armed Forces? (Yes, no, or unknown): NO

16. Social Security No.: NONE

17. INFORMANT'S SIGNATURE: X [illegible]

18. Cause of Death — Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. Disease or Condition Directly Leading to Death* (a) Hypostatic pneumonia Arteriosclerosis Chronic Interval Between Onset and Death: 6 days

Antecedent Causes

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b)

Due to (c)

II. Other Significant Conditions

Conditions contributing to the death but not related to the disease or condition causing death.

19a. Date of Operation

19b. Major Findings of Operation

20. Autopsy? Yes ☐ No ☑

21a. Accident Suicide Homicide (Specify)

21b. Place of injury (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (City, Town, or Township) (County) (State)

21d. Time of Injury (Month) (Day) (Year) (Hour)

21e. Injury Occurred While at work ☐ Not while at work ☐

21f. How did Injury Occur?

22. I hereby certify that I attended the deceased from 9-4 to 9-4 19 55 that I last saw the deceased alive on 9-4 19 55 and that death occurred at 1 P.M. from the causes and on the date stated above.

23a. ATTENDANT'S SIGNATURE (Degree or Title): [illegible] MD

23b. Address: Waterloo, Iowa

23c. Date Signed: 9-7-55

24a. Burial, Cremation, Removal (Specify): BURIAL

24b. Date: 9-7-'55

24c. Name of Cemetery or Crematory: STRAWBERRY POINT Cem.

24d. Location (City, Town, or County) (State): STRAWBERRY POINT, IOWA

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] Address: Waterloo, Iowa License Number: 385

26. Date Rec'd by Local Registrar: SEP 9 1955

REGISTRAR'S SIGNATURE: Harriet Hobbins Hicks

File Number: 454

Filed: September 21, 1955

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.

MAR 22 2000
DATE ISSUED

BY [signature]
COUNTY REGISTRAR OF VITAL RECORDS

OF BLACK HAWK
COUNTY

C0458940

FORM #588-0328C (1999)

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COUNTY REGISTRAR — IOWA — REGISTRATION OF VITAL STATISTICS

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE