DELAWARE COUNTY IOWA
FILED
2000 JN 26 AM 10:48
BOOK 2000 PAGE 1937
DEBORAH L. HEYTON
DELAWARE CO. RECORDER
11.00

Prepared by: Michael W. Buckner, P.O. Box 2696, 3324 Kimball Ave., Waterloo, IA 50704-2696 (319) 234-2638

AFFIDAVIT

STATE OF IOWA)
)ss:
COUNTY OF BLACK HAWK)

I, Donald P. Weber, being first duly sworn upon oath state of my personal knowledge that:

1. Betty L. Weber died intestate on June 26,1999.

2. That there has been no administration of the Estate of Betty L. Weber.

3. That I am the surviving spouse of Betty L. Weber.

4. That at the time of her death the decedent owned the following described Delaware County real estate in joint tenancy:

Lot Six (6) of the Subdivision of Lot One Hundred Twenty Three (123) in "Clair-View Acres at Delhi, Iowa" in Section Twenty Three (23) and Twenty Six (26), Milo Township, Delaware County, Iowa, according to plat recorded in Book 2 Plats, Page 200 #2; same being a part of the Northeast Quarter of (NE 1/4) of the Northeast Quarter (NE 1/4) of Section Twenty Six (26), Township Eighty Eight (88) North, Range Five (5), West of the Fifth P.M.

Signed this 22nd day of June, 2000.

Donald P. Weber

Subscribed and sworn to before me, a notary public, on the 22nd day of June, 2000.

JANET M. REICHERTS
Iowa
NOTARIAL SEAL

Janet M. Reicherts
Notary Public in and for the State of Iowa

CERTIFICATE OF VITAL RECORD

STATE OF IOWA

County Record

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH 114-

TYPE IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

BIRTH NUMBER

DECEDENT

1. DECEDENT'S NAME — FIRST: Betty	MIDDLE: Lou	LAST: Weber	2. DATE OF DEATH (Mo. Day. Yr.): June 26, 1999	
3. SEX: Female	4a. AGE - LAST BIRTHDAY (Years): 74	4b. UNDER 1 YEAR: MOS / DAYS	4c. UNDER 1 DAY: HRS / MIN	5. DATE OF BIRTH (Mo. Day. Yr.): December 19, 1924
6a. COUNTY OF DEATH: Black Hawk				
6b. FACILITY NAME (If not institution, give street and number): Allen Memorial Hospital	6c. CITY, TOWN, OR LOCATION OF DEATH: Waterloo	6d. INSIDE CITY LIMITS (Specify yes or no): Yes		

6e. PLACE OF DEATH (Check only one)

HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify) _____

7. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc. [X] NO [ ] YES Specify	8. RACE - White, Black, American Indian, etc. (Specify): White	9. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary-Secondary (0-12): 12	College (1-4 or 5+): -0-
10. BIRTHPLACE (City & State or Foreign Country): Trenton, MO	11. CITIZEN OF WHAT COUNTRY: U.S.A.	12a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	12b. SURVIVING SPOUSE (If wife, give maiden name): Donald Weber
13. SOCIAL SECURITY NUMBER: [redacted]	14a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Homemaker	14b. KIND OF BUSINESS OR INDUSTRY: Domestic	15. WAS DECEDENT EVER IN U.S. ARMED SERVICES (Specify yes or no): No
16a. RESIDENCE - STATE: IA	16b. COUNTY: Black Hawk	16c. CITY, TOWN, OR LOCATION: Waterloo	16d. STREET AND NUMBER OF RESIDENCE: 708 Colorado	16e. INSIDE CITY LIMITS (Specify yes or no): Yes

USUAL RESIDENCE WHERE DECEDENT LIVED IF DEATH OCCURRED IN A LONG-TERM CARE INSTITUTION. GIVE INSTITUTION ADDRESS AS RESIDENCE

PARENTS

17. FATHER'S NAME — FIRST: William	MIDDLE: Pittman	LAST: Ellis	18. MOTHER'S NAME — FIRST: Etha	MIDDLE: Mae	MAIDEN: Anderson		

INFORMANT

19a. INFORMANT'S NAME: Donald Weber	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 708 Colorado Waterloo, IA 50703

BURIAL

20a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)	20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory or other place): Garden of Memories	20c. LOCATION (City or Town, State): Waterloo, IA
21a. FUNERAL DIRECTOR - SIGNATURE: [signature]		21b. I.D. LICENSE #: 1994

21c. FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Garden View Chapel 3655 Logan Ave. Waterloo, IA 50704-0536

REGISTRAR

22a. REGISTRAR - SIGNATURE: Patricia A. Sass 103 — DE006712 — 22b. DATE RECEIVED BY REGISTRAR (Mo. Day. Yr.): JUL - 8 1999

23. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be determined	24a. DATE OF INJURY (Mo. Day. Yr.)	24b. HOUR OF INJURY: M	24c. INJURY AT WORK? (Specify yes or no)	24d. DESCRIBE HOW INJURY OCCURRED
24e. PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.)	24f. LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code)			

CERTIFIER

To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated	DATE SIGNED (Mo. Day. Yr.)	HOUR OF DEATH: 10:50 PM
25a. (Signature and title): Linda Mooney	25b.	25c.

26. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print):

27. NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print): Dr. Linda M. Cooley 330 South St. Waterloo, IA 50702

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
Final disease or condition resulting in death → IMMEDIATE CAUSE	(a) Pneumonia	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	(b) DUE TO (OR AS A CONSEQUENCE OF)	
	(c) DUE TO (OR AS A CONSEQUENCE OF)	
	(d) DUE TO (OR AS A CONSEQUENCE OF)	

PART II. a. Other significant conditions contributing to death but not resulting in the underlying causes given in Part I	b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS? (Specify yes or no): No	AUTOPSY (Specify yes or no): 29a. No	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no): 29b. N/A

CFN-588-0021
Revised - 1/89
(TS)

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.

JUN 21 2000 BY Patricia A. Sass DEPUTY OF BLACK HAWK
DATE ISSUED — COUNTY REGISTRAR OF VITAL RECORDS — COUNTY

C0461981

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