Del. Co. Auditor

Entered for taxation 23rd day of September A.D., 2002
Sharon McCall, Auditor
By Deb Rucker, Deputy
87-209

Donald Angott
to
Lorraine Angott

RECORDER FEE $ 16.00
AUDITOR FEE $ 5.00

BOOK 2002 PAGE 3377
DEBORAH L PEYTON
DELAWARE CO RECORDER

DELAWARE COUNTY IOWA
FILED
2002 SP 19 AM 10: 3[illegible]

Gregory J. Epping, 118 Third Avenue S.E., Suite 500, Cedar Rapids, Iowa 52401; 319-364-2467

Affidavit Re: The North 40/72 of the West one-half (W ½) of the Southwest Quarter (SW 1/4) of Section Thirty (30) Township Eighty-seven (87) North, Range Six (6) West of the 5th P.M.

STATE OF IOWA , COUNTY OF LINN ) ss.

I, Lorraine Angott, being first duly sworn on oath, depose and state:

I am the surviving spouse of Donald Angott who died October 25, 1995 a resident of Cedar Rapids, Linn County, Iowa. A true and correct copy of the Certificate of Death of my deceased spouse, Donald Angott, is attached to this Affidavit and by this reference is made part of this Affidavit.

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Donald Angott was survived by the following persons:

| Name | Relationship |
|---|---|
| Lorraine Angott | Spouse |
| Marcella Straney | Daughter |
| Joanne Burkholder | Daughter |
| Don M. Angotti | Son |

The children identified above constitute all of the surviving issue of Donald Angott and all of said children are issue of the undersigned, Lorraine M. Angott, surviving spouse. Pursuant to Iowa Code Section 633.211, 1995, all property owned by Donald Angott on the date of his death passed to the undersigned, as surviving spouse of Donald Angott.

This Affidavit is given pursuant to Title Standard 9.8 of the Iowa State Bar Association to establish title to the real estate described above in the undersigned as heir of Donald Angott, an intestate decedent, there having been no administration of the estate of Donald Angott.

DATED this 17 day of September, 2002.

Lorraine M. Angott

Lorraine M. Angott

Subscribed and sworn to before me by the said Lorraine M. Angott on this 17 day of September, 2002.

GREGORY J. EPPING
COMMISSION # 144839
MY COMMISSION EXPIRES
10-01-05

Notary Public – State of Iowa

STATE OF IOWA

IOWA DEPARTMENT OF PUBLIC HEALTH

# CERTIFICATE OF DEATH

114-

BIRTH NUMBER

DECEDENT'S NAME 1. FIRST: Donald | MIDDLE: | LAST: Angott | DATE OF DEATH (Mo., Day, Yr.) 2. October 25, 1995

SEX 3. Male | AGE - LAST BIRTHDAY (Years) 4a. 80 | UNDER 1 YEAR: MOS. 4b. / DAYS | UNDER 1 DAY: HRS. 4c. / MIN | DATE OF BIRTH (Mo., Day, Yr.) 5. August 26, 1915 | COUNTY OF DEATH 6a. Linn

FACILITY NAME (If not institution, give street and number) 6b. Mercy Medical Center | CITY, TOWN, OR LOCATION OF DEATH 6c. Cedar Rapids, Iowa | INSIDE CITY LIMITS (Specify yes or no) 6d. yes

6e. PLACE OF DEATH (Check only one)

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

WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes below) If yes, specify Cuban, Mexican, Puerto Rican, etc. 7. [X] NO [ ] YES Specify: | RACE - White, Black, American Indian, etc. (Specify) 8. White | DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9. | College (1-4 or 5+) 1

BIRTHPLACE (City & State or Foreign Country) 10. Clarinda, Iowa | CITIZEN OF WHAT COUNTRY 11. U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 12a. Married | SURVIVING SPOUSE (If wife, give maiden name) 12b. Lorraine M. Witt

SOCIAL SECURITY NUMBER 13. [redacted] | USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 14a. Owner | KIND OF BUSINESS OR INDUSTRY 14b. Iowa Typewriter | WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no) 15. yes

RESIDENCE - STATE 16a. Iowa | COUNTY 16b. Linn | CITY, TOWN, OR LOCATION 16c. Cedar Rapids | STREET AND NUMBER OF RESIDENCE 16d. 214 23rd St. Dr. S.E. | INSIDE CITY LIMITS (Specify yes or no) 16e. yes

FATHER'S NAME 17. FIRST: Akel | MIDDLE: | LAST: Angott | MOTHER'S NAME 18. FIRST: Frances | MIDDLE: | MAIDEN: Smith

INFORMANT'S NAME 19a. Lorraine M. Angott | MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 214 23rd St. Dr. S.E., Cedar Rapids, Ia. 52403

20a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) | PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) 20b. Mt. Calvary Cemetery | LOCATION (City or Town, State) 20c. Cedar Rapids, Iowa

FUNERAL DIRECTOR - SIGNATURE 21a. Phillip K Clausen Jr | F.D. LICENSE # 21b. 2511

FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21c. Stewart Funeral Home, 1844 1st Ave. N.E., Cedar Rapids, Iowa 52402

REGISTRAR - SIGNATURE 22a. SHARON K. MOORACER Jean Kvach Deputy | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 22b. OCT 30 1995

23. MANNER OF DEATH: [X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending investigation [ ] Could not be determined | DATE OF INJURY (Mo., Day, Yr.) 24a. | HOUR OF INJURY 24b. M. | INJURY AT WORK? (Specify yes or no) 24c. | DESCRIBE HOW INJURY OCCURRED 24d.

PLACE OF INJURY (Specify at home, farm, street, factory, office building, etc.) 24e. | LOCATION (Street and Number or Rural Route Number, City or Town, State, Zip Code) 24f.

To the best of my knowledge, death occurred at the time, date and place due to the cause(s) and manner as stated.

25a. (Signature and title) ▶ Swahle MD | DATE SIGNED (Mo., Day, Yr.) 25b. 10-30 95 | HOUR OF DEATH 25c. 4:45 a M

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

NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiner) (Type/Print) 27. Dr. Steven M. Wahle, MD, 1260 2nd Ave. S.E., Cedar Rapids, Iowa 52403

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) Metastic prostate Cancer

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) | AUTOPSY (Specify yes or no) 29a. No | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Specify yes or no) 29b.

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STATE OF IOWA, LINN COUNTY

I, Sharon K. Modracek, do hereby certify that I am the Clerk of District Court in and for said County and State, and as such official have the possession and control of official records of vital statistics in and for said County and am charged with the duty of keeping said records, and that this is a true copy of said records.

SHARON K. MODRACEK
CLERK OF DISTRICT COURT

By Jean Kvach Designee