DELAWARE COUNTY IOWA
FILED
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BOOK 2004 PAGE 1875
DEBORAH L. PEYTON
DELAWARE CO. RECORDER
31.00

P.O. Box 351

PREPARED BY: Michael A. Bowman, Shimanek & Bowman, 114 S. Cedar St., Monticello, IA 52310, PH: (319) 465-5448

STATE OF IOWA)
) **ss.**
COUNTY OF JONES)

AFFIDAVIT EXPLANATORY OF TITLE

I, Michael A. Bowman, being first duly sworn, do hereby depose and state as follows:

1. That I am an attorney living in Monticello, Iowa, and have been practicing law in Monticello since 1978.

2. That I prepare this affidavit of explanation as regards title to the following described property, located in Delaware County, Iowa, to-wit:

> The East one-half (E1/2) of the Southwest Quarter (SW1/4) and the Northwest Quarter (NW1/4) of the Southwest Quarter (SW1/4) and the Southwest Quarter (SW1/4) of the Southeast Quarter (SE1/4) of Section Twenty Three (23), Township Eighty Seven (87) North, Range Three (3), West of the Fifth P.M.

3. That in the course of my practice, I have become familiar with the chain of title to this property.

4. Chester J. Lang, a former joint tenancy owned of this property with Elizabeth E. Lang, his wife, died November 1, 1968 in Monticello, Iowa.

5. Barbara V. Waters and Robert J. Lang were the only children of Chester J. Lang and Elizabeth E. Lang. Both Barbara V. Waters and Robert J. Lang, predeceased their mother, Elizabeth E. Lang. Barbara died November 23, 1999 in Palm Beach, Florida, and Robert died August 6, 1999, in Jones County, Iowa.

6. That Barbara V. Waters died widowed and without descendants. Her only heirs at law were the children of Robert Lang, namely John J. Lang, Daniel L. Lang and Teresa A. Lang (f/k/a Teresa A. Lang Tobiason, (n/k/a Teresa A. Lafrenz).

Dated this 25 day of May, 2004.

Michael A. Bowman

STATE OF IOWA)
) ss.
JONES COUNTY)

On this 25 day of MAY, 2004, before me, the undersigned, a Notary Public in and for said State, personally appeared Michael A. Bowman, 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.

NOTARIAL SEAL IOWA
CHERYL PETERS
COMMISSION # 197212
MY COMMISSION EXPIRES
7-3-04

Notary Public in and for said State

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NO. 6099-12116

CERTIFICATE OF DEATH
FLORIDA

DECEDENT

1 DECEDENT'S NAME	FIRST	MIDDLE	LAST	2 SEX
	BARBARA	V.	WATERS	FEMALE

3 DATE OF DEATH (Month, Day, Year)	4 SOCIAL SECURITY NUMBER	5a AGE Last Birthday (years)	5b UNDER 1 YEAR Months	Days	5c UNDER 1 Day Hours	Minutes
NOVEMBER 23, 1999	[redacted]	67				

6 DATE OF BIRTH (Month, Day, Year)	7 BIRTHPLACE (City and State or Foreign Country)	8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
MAY 20, 1932	MONTICELLO, IOWA	NO

9a PLACE OF DEATH (Check only one; see instructions on other side)
HOSPITAL X Inpatient __ ER/Outpatient __ DOA OTHER __ Nursing Home __ Residence __ Other (Specify)

9b INSIDE CITY LIMITS? (Yes or No): YES

9c FACILITY NAME (If not institution, give street and number)	9d CITY, TOWN, OR LOCATION OF DEATH	9e COUNTY OF DEATH
J.F.K. MEDICAL CENTER	ATLANTIS	PALM BEACH

PARENTS

10a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	10b KIND OF BUSINESS/INDUSTRY	11 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	12 SURVIVING SPOUSE (If wife, give maiden name)
GIFTED STUDENT TEACHER	PUBLIC EDUCATION	WIDOWED	----------

13a RESIDENCE — STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
FLORIDA	PALM BEACH	WEST PALM BEACH	2523 DUDLEY DR. W. APT.C

13e INSIDE CITY LIMITS? (Yes or No)	13f ZIP CODE	14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) X No __ Yes Specify	15 RACE — American Indian, Black, White, etc. Specify	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
YES	33415		WHITE		5+

17 FATHER'S NAME (First, Middle, Last)	18 MOTHER'S NAME (First, Middle, Maiden Surname)
CHESTER LANG	ELIZABETH EMBLETON

19a INFORMANT'S NAME (Type/Print)	19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
DANIEL L. LANG	2505 1ST. AVE. S.E. CEDAR RAPIDS, IA 52402

DISPOSITION

20a METHOD OF DISPOSITION	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c LOCATION — City or Town, State
__ Burial X Cremation __ Removal from State __ Donation __ Other (Specify)	ABCO CREMATORY	FORT LAUDERDALE, FLORIDA

CERTIFIER

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b LICENSE NUMBER (of Licensee)	21c NAME AND ADDRESS OF FACILITY
[signature]	FE 3211	NIXON FUNERAL SERVICE, INC. 425 B W. DANIA BEACH BLVD. DANIA, FL 33004

To be Completed by CERTIFYING PHYSICIAN Only

22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) [signature]

22b DATE SIGNED (Mo., Day, Yr.)	22c HOUR OF DEATH
11/24/99	1:15 P.M. M

22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER

23a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated (Signature and Title)

23b DATE SIGNED (Mo., Day, Yr.)	23c HOUR OF DEATH
	M

23d MEDICAL EXAMINER'S CASE #

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)
BEN SAN PEDRO, M.D. 3731 LAKE WORTH RD. LAKE WORTH, FL 33461

25a SUBREGISTRAR — SIGNATURE AND DATE	25b LOCAL REGISTRAR — SIGNATURE	25c DATE REGISTERED
[signature] NOV. 30, 1999	Donna Pethtel	DEC 0 6 1999

CAUSE OF DEATH BY CERTIFIER

Part II

26 PART I Enter the disease, 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
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a	CARDIORESPIRATORY ARREST	
DUE TO (OR AS A CONSEQUENCE OF)		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b	PULMONARY EDEMA	
DUE TO (OR AS A CONSEQUENCE OF)		
c	ARTERIOSCLEROTIC HEART DISEASE	
DUE TO (OR AS A CONSEQUENCE OF)		
d		

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: PEPTIC PALMER

27a WAS AN AUTOPSY PERFORMED? (Yes or No)	27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	28 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)
NO	---	YES

29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? __ YES X NO	30a IF SURGERY IS MENTIONED IN PART I or II, ENTER CONDITION FOR WHICH IT WAS PERFORMED	30b DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined	32a DATE OF INJURY (Month, Day, Year)	32b TIME OF INJURY M	32c INJURY AT WORK? (Yes or No)	32d DESCRIBE HOW INJURY OCCURRED
NATURAL				

32e PLACE OF INJURY — At home, farm, ... | 32f LOCATION (Street and Number or Rural Route Number, City or Town, State)

DH 512, 9/96 (Replaces HRS Form 512)

State of Florida, Department of Health, Vital Statistics

VOID IF ALTERED OR ERASED

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY Charlie Brown State Registrar

DECEMBER 6, 1999

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

11227701

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF VITAL RECORD

STATE OF IOWA

County Record

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
114-
CERTIFICATE OF DEATH

BIRTH NUMBER

TYPE IN PERMANENT BLACK INK — FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME: First: Robert; Middle: Jacob; Last: Lang
2. DATE OF DEATH (Mo., Day, Yr.): August 6, 1999
3. SEX: Male
4a. AGE - LAST BIRTHDAY (Years): 65
4b. UNDER 1 YEAR: MOS. / DAYS
4c. UNDER 1 DAY: HRS / MIN
5. DATE OF BIRTH (Mo., Day, Yr.): August 26, 1933
6a. COUNTY OF DEATH: Jones
6b. FACILITY NAME (If not institution, give street and number): Monticello Medical Center
6c. CITY, TOWN, OR LOCATION OF DEATH: Monticello
6d. INSIDE CITY LIMITS (Specify yes or no): Yes
6e. PLACE OF DEATH (Check only one): HOSPITAL ☐ 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.: ☒ 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+):

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

10. BIRTHPLACE (City & State or Foreign Country): Sand Springs, Iowa
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
12b. SURVIVING SPOUSE (If wife, give maiden name): Evalena Welch
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Farmer
14b. KIND OF BUSINESS OR INDUSTRY: Agriculture
15. WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no): Yes
16a. RESIDENCE - STATE: Iowa
16b. COUNTY: Delaware
16c. CITY, TOWN, OR LOCATION: Hopkinton
16d. STREET AND NUMBER OF RESIDENCE: 3235 320th Street
16e. INSIDE CITY LIMITS (Specify yes or no): No

PARENTS

17. FATHER'S NAME: First: Chester; Middle:; Last: Lang
18. MOTHER'S NAME: First: Elizabeth; Middle:; Maiden: Embleton

INFORMANT

19a. INFORMANT'S NAME: Evalena Lang
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3235 320th Street Hopkinton, Iowa 52237

BURIAL

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Oakwood Cemetery
20c. LOCATION (City or Town, State): Monticello, Iowa
21a. FUNERAL DIRECTOR - SIGNATURE: [signature]
21b. F.D. LICENSE #: 2054
21c. FUNERAL HOME - NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): Goettsch Funeral Home 514 W. First St. Monticello, Iowa 52310

REGISTRAR

22a. REGISTRAR - SIGNATURE: Marie Kretzfield — BK12 Pg 727
22b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): August 23, 1999
23. MANNER OF DEATH: ☒ 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.
25a. (Signature and title): [signature] MD
25b. DATE SIGNED (Mo., Day, Yr.): 8/20/1999
25c. HOUR OF DEATH: 10:12 PM
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): Sherry Tighe 619 S. Main Street Monticello, IA 52310

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 respitory 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: myocardial infarction	immediate
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	(a) DUE TO (OR AS A CONSEQUENCE OF):	
	(b) DUE TO (OR AS A CONSEQUENCE OF):	
	(c) DUE TO (OR AS A CONSEQUENCE OF):	
	(d)	

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

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.

5-19-04 DATE ISSUED — BY Marie Kretzfield COUNTY REGISTRAR OF VITAL RECORDS — OF Jones COUNTY

C1622103

FORM #588-0328C (1999)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATE OF VITAL RECORD

STATE OF IOWA

County Record

Certificate of Death

Certificate No. Bk 10 Pg 292D

DECEDENT'S NAME Chester Jacob Lang

DATE OF DEATH November 1, 1968

PLACE OF DEATH Jones (County) Monticello (City, Town or Location)

SEX Male **AGE** 63 **RACE** Caucasian

MARITAL STATUS X **SURVIVING SPOUSE** Eleizabeth Embleton

PLACE OF DISPOSITION Oakwood Cemetery (Cemetery, Crematory, or Specify Other) Monticello (City, Town, or State)

IMMEDIATE CAUSE OF DEATH Kidney Failure

DUE TO (Consequence of) Severe Hypertension

DATE RECEIVED BY REGISTRAR December 6, 1968

"X" indicates not shown on record

NOTATIONS
X

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.

5-19-04 DATE ISSUED

BY Marie Krutzfield COUNTY REGISTRAR OF VITAL RECORDS OF Jones COUNTY

C1622102

FORM #588-0328C (1999)

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THE GREAT SEAL OF THE STATE OF IOWA

COUNTY REGISTRAR — IOWA — REGISTRATION OF VITAL STATISTICS

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE