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DEBORAH L PEYTON, RECORDER/REGISTRAR
DELAWARE COUNTY IOWA

Ed
Prudential Partners Realty
3435 Asbury Rd
Dubuque IA 52002

Prepared by/Return to:
George A. Davis, Locher & Locher, 202 2nd Avenue NW, Box 7, Farley, IA 52046 Phone: (563) 744-3359

AFFIDAVIT

RE: Lot One (1), Block Two (2) in Sunset Heights No. 1 in the City of Dyersville, Delaware County, Iowa, according to plat recorded in Book 7 Plats, Page 90 AND Lot Four (4) of Sunset Heights No. 4, Dyersville, Delaware County, Iowa, according to plat recorded in Book 2003, Page 4690, subject to easements of record.

STATE OF IOWA)
) ss:
DUBUQUE COUNTY)

I, George A. Davis, of Locher & Locher, being duly sworn, depose and state as follows:

1. That Betty Lou Olsem is the owner of the above described real estate.

2. That Betty Lou Olsem was married to Marvin H. Olsem until Marvin H. Olsem's death on March 8, 2007.

3. That attached hereto is a copy of the death certificate of Marvin H. Olsem.

Dated this 3rd day of November, 2010.

George A. Davis of Locher & Locher

Subscribed and sworn to before me on this 3rd day of November, 2010 by George A. Davis.

MARILYN FORTMANN
COMMISSION NO. 142041
MY COMMISSION EXPIRES
1-8-2011

Marilyn Fortmann
Notary Public, State of Iowa

CERTIFICATE OF VITAL RECORD

STATE OF IOWA

County Record

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

TYPE IN PERMANENT BLACK INK
FOR INSTRUCTIONS SEE HANDBOOK

BIRTH NUMBER

DECEDENT

DECEDENT'S NAME	FIRST	MIDDLE	LAST	DATE OF DEATH (Mo. Day. Yr.)
1.	Marvin	H.	Olsem	2. March 8, 2007

SEX	AGE - LAST BIRTHDAY (Years)	UNDER 1 YEAR MOS. / DAYS	UNDER 1 DAY HRS. / MIN.	DATE OF BIRTH (Mo. Day, Yr.)	COUNTY OF DEATH
3. Male	4a. 76	4b.	4c.	5. May 8, 1930	6a. Dubuque

FACILITY NAME (If not institution, give street and number)	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (Specify yes or no)
6b. Shady Rest Care Cntr	6c. Cascade	6d. Yes

6e. PLACE OF DEATH (Check only one)
HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA
OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)

DECEDENT

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

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

BIRTHPLACE (City & State or Foreign Country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
10. Coleburg, IA	11. USA	12a. Married	12b. Betty Olsem

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

RESIDENCE	COUNTY	CITY, TOWN, OR LOCATION	STREET NUMBER OR RESIDENCE	INSIDE CITY LIMITS (Specify yes or no)
16a. IA	16b. Dubuque	16c. Dyersville	16d. 611 9th St. NW	16e. Yes

PARENTS

FATHER'S NAME	FIRST	MIDDLE	LAST	MOTHER'S NAME	FIRST	MIDDLE	MAIDEN
17.	August Henry Olsem			18.	Anna Petronilla Harter		

INFORMANT

INFORMANT'S NAME	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
19a. Betty Olsem	19b. 611 9th St. NW, Dyersville, IA 52040

BURIAL

20a. METHOD OF DISPOSITION	PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)	LOCATION (City or Town, State)
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b. St. Paul Cemetery	20c. Worthington, IA

FUNERAL DIRECTOR - SIGNATURE		F.D. LICENSE #
21a. Craig Kramer	Craig Kramer	21b. 2479

FUNERAL HOME - NAME AND ADDRESS (Street Number or Rural Route Number, City or Town, State, Zip Code)
21c. Kramer Funeral Home 103 5th St. SE, Dyersville, IA 52040

REGISTRAR

REGISTRAR - SIGNATURE		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
22a. Kelly Flynn Thuelen AS	1805-07	22b. 3-20-07

23. MANNER OF DEATH	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	INJURY AT WORK? (Specify yes or no)	DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined	24a.	24b.	24c.	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)	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
	25b. 3/13/07	25c. 15:45P

CERTIFIER

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. LUKE A. DOLAN, M.D. - 1500 ASSOCIATES DR. - DUBUQUE, IA. 52002-2260

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: ACUTE MYOCARDIAL INFARCTION

Sequentially list conditions, if any, leading to the immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.
(a) DUE TO (OR AS A CONSEQUENCE OF):
(b) CNS TUMOR
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 cause 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)
		29a. NO	29b.

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.
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

3-21-07 DATE ISSUED
BY Kelly Flynn Thuelen AS COUNTY REGISTRAR OF VITAL RECORDS
OF DUBUQUE COUNTY

C2331955

FORM #588-0328C (01/2005) WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

SEAL OF THE STATE OF IOWA

COUNTY REGISTRAR — IOWA — REGISTRAR — STATISTICIAN