

DEED 2015026313



APR 10 2015 10:27 P 4

Nebr Doc Stamp Tax
4-10-15
Date
\$ 2.15
By CD

DEED 4/1
FEE 28.00 FB 06-29800
BKP _____ C/O _____ COMP _____
DEL _____ SCAN _____ FY _____

Received - DIANE L. BATTIATO
Register of Deeds, Douglas County, NE
4/10/2015 10:27:28.00



2015026313

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

RETURN TO:

Ruth E. Matlock
2624 Grant St
Omaha NE 68111
402-346-8483

CERTIFIED DEATH CERTIFICATE

FULL & COMPLETE LEGAL DESCRIPTION - OR ATTACH LEGAL DESCRIPTION ON PAGE 2 IF
ADDITIONAL SPACE IS NEEDED:

Legal Description: E 22 feet x W 28 feet Lot 8
Block 9 Patriots 2nd edition

STATE OF NEBRASKA)

COUNTY OF Douglas)

(county in which the document will be signed)

Affidavit for Transfer of Real Property without Probate

I, Ruth E. Matlock, under penalty of perjury (Nebraska Revised Statute § 28-915),
(your name)
affirm the following to be true:

1. Thirty days have passed since the death of Richard D. Matlock and I have attached
(deceased's name)
~~to this affidavit a certified or authenticated copy of the death certificate;~~
2. The deceased is the sole owner of the real property described as E 22 feet x W 28 feet
Lot 8 Block 9 Patricks 2nd edition
3. Based on the assessed value of the real property through the County Assessor/Register of Deeds in the year of death, less real estate taxes and interest on the real estate taxes if any is due at the time of death, the value of all the real property in Nebraska belonging to the deceased is \$50,000.00 or less and the value of the entire estate (real property value *plus* personal property value) is
\$ 1500.00;
4. There is no Personal Representative, application for Personal Representative, or petition for Personal Representative either pending or granted in another court;
5. ☐ I am the Wife of the deceased and am entitled to the real
(your relationship to the deceased)
property by reason of the homestead allowance, exempt property allowance, family allowance, or by intestate succession pursuant to Nebraska Probate Code §30-24,129
OR
☐ I am entitled to the real property per the will of the deceased and I have made an investigation and have been unable to determine any subsequent will;
6. No other person has a right to the real property;
7. I will file this affidavit with the Register of Deeds Office of the county in which the real property is located (Douglas County); and
8. I will file the affidavit and certified or authenticated copy of the death certificate in any other county in Nebraska in which the deceased owns real property that is subject to this affidavit.

4/10/15
Date
2624 Grant St
Address (line 1)

Page 1 of 2

Ruth E. Matlock
Signature
(do NOT sign UNTIL A NOTARY IS PRESENT AND WITNESSES YOU SIGNING)
RUTH E. MATLOCK

Omaha Nebr. 68111

Address (line 2)

Attachment: certified or authenticated copy of Death Certificate

NOTARY

State of Nebraska, County of Douglas

This document was acknowledged before me on the 10 day of April, 2015,
(day) (month) (year)

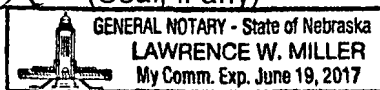
by Ruth E. Matlack

(name of Affiant)

Lawrence W. Miller

(Seal, if any)

Signature of Notary



My commission expires: _____

DOUGLAS COUNTY HEALTH DEPARTMENT
VITAL STATISTICS SECTION - OMAHA, NEBRASKA
CERTIFICATE OF DEATH

264755

1. DECEDENT - NAME FIRST: Richard, MIDDLE: Albert, LAST: Matlock			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) October 31, 1993
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country) Omaha, Nebraska			5a. AGE - Last Birthday (Yrs.) 61	5b. UNDER 1 YEAR 5c. MONTHS 5d. DAYS 5e. HOURS 5f. MINUTES
7. SOCIAL SECURITY NUMBER 507 26 9417			8. PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9a. FACILITY - Name (If not institution, give street and number) VA Medical Center			9b. INSIDE CITY LIMITS (Specify Yes or No) Yes	
9c. CITY, TOWN OR LOCATION OF DEATH Omaha			9d. COUNTY OF DEATH Douglas	
9e. RESIDENCE - STATE Nebraska			9f. INSIDE CITY LIMITS (Specify Yes or No) Yes	
9g. COUNTY Douglas			9h. STREET AND NUMBER (Including Zip Code) 2605 Grant Street	
10. RACE - (e.g., White, Black, American Indian, etc.) (Specify) Black			11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) American	
12. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			13. NAME OF SPOUSE (If wife, give maiden name) Ruth E. Willis	
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foundry Worker			14b. KIND OF BUSINESS INDUSTRY Steel Company	
15. EDUCATION (Specify only highest grade completed) 10			16. ELEMENTARY OR SECONDARY (0-12) / College (13-16)	
17. FATHER - NAME FIRST: Richard, MIDDLE: -, LAST: Matlock, Sr.			17. MOTHER - MAIDEN NAME FIRST: Madie, MIDDLE: -, LAST: Bowers	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes			19. INFORMANT - NAME - MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) VA Medical Center, 4101 Woolworth Av Omaha, Ne 68105	
20a. BURIAL, Cremation, Removal, Donation Cremation			20b. DATE Nov. 2, 1993	
20c. CEMETERY OR CREMATORY - NAME Forest Lawn			20d. LOCATION Omaha, NE	
21. EMBALMER - SIGNATURE & LICENSE NO. /s/ Janet Thomas-Caston #2438			22. FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Thomas Funeral Home, 3920 No. 24th St., Omaha, NE 68110	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Respiratory Arrest (b) Adenocarcinoma of Pylorus with Metastases (c) Due to, or as a consequence of: Interval between onset and death: Minutes Interval between onset and death: Months				
24. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			25. AUTOPSY (Specify Yes or No) No	
26a. ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify) No			26b. DATE OF INJURY (Mo., Day, Yr.) No	
26c. HOUR OF INJURY No			26d. DESCRIBE HOW INJURY OCCURRED No	
26e. INJURY AT WORK (Specify Yes or No) No			26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) No	
26g. LOCATION No			26h. STREET OR R.F.D. NO., CITY OR TOWN, STATE No	
27a. DATE OF DEATH (Mo., Day, Yr.) October 31, 1993			27b. DATE SIGNED (Mo., Day, Yr.) October 31, 1993	
27c. TIME OF DEATH 1:27 A			27d. PRONOUNCED DEAD (Mo., Day, Yr.) M	
27e. PRONOUNCED DEAD (Hour) M			27f. 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) stated. (Signature and Title) /s/ Loretta Tibbels, M.D.	
28a. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			28b. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
28c. WAS CONSENT GRANTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
29. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Loretta Tibbels MD, VA Medical Center, 4101 Woolworth Ave, Omaha, Ne 68105				
30a. REGISTRAR Daniel J. Hartung, M.P.H.			30b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) NOV 2 1993	

This certifies this document to be a true copy of an original record on file with the Vital Statistics Section of the Douglas County Health Department, Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproductions of this green certificate are not legal copies.

Date issued: NOV 2 1993

Daniel J. Hartung, M.P.H.

IMPRINTED SEAL
REGISTER OF DEEDS

W38ft 9 Lto 1+2 Block 9 Patrick's 2ND ✓
W28ft 9 Lto 8 Block 9 Patrick's 2ND ✓
E22ft 9 Lto 8 Block 9 Patrick's 2ND ✓
W33.33ft 10 Lto 13 Block 10 Patrick's 2ND ✓
E38ft 9 W76ft 9 Lto 1+2 Block 9 Patrick's 2ND ✓

Ruth E. Matlock
2624 Grant St.
Omaha NE 68111

CASH 30668.00 11/03 39A-142 05-29800
TYPE 100 301 39A-135
FEE 7.00 100

Nov 22 11 31 AM '93
GEORGE J. DOUGLASS
REGISTER OF DEEDS
DOUGLAS