

JENSEN PROPERTIES
ATTACHMENT TO AFFIDAVIT OF MARITAL STATUS

- 1 Joint 4610 Douglas ¹⁵⁻⁰⁴⁵⁶⁰
Lots twenty five (25) and twenty six (26), Block seven (7) Briggs Place, ¹⁶⁻¹⁷⁵
Omaha, Douglas County, Nebraska \$ 79,800

- 2 Joint 4613 Dodge St.
Lot four (4) Block seven (7) Briggs Place, an Addition to the City of
Omaha, Douglas County, Nebraska. \$ 82,600

- 3 Joint 4618 Douglas St.
Lot twenty four (24) in Block seven (7) in Briggs Place, an Addition to the
City of Omaha, Douglas County, Nebraska. 68,000

- 4 Joint 4422 Douglas St.
Lot thirty three (33) Block six (6) Briggs Place, an Addition to the City of
Omaha, as surveyed, platted and recorded in Douglas County, Nebraska.

- 5 Joint 4646 Douglas St. ^{\$95,500} ¹⁵⁻⁰⁴⁵⁶⁰
Lot eighteen (18) Block seven (7) Briggs Place, an Addition to the City of
Omaha, as surveyed, platted and recorded in Douglas County, Nebraska.
\$83,200

6. INTENTIONALLY LEFT BLANK

- 7 Joint 4609 Dodge St.
Lot three (3) Block seven (7) Briggs Place, an Addition to the City of
Omaha, as surveyed, platted and recorded in Douglas County, Nebraska.
\$50,000

- 8 Joint 4617 Dodge St.
Lot five (5) Block seven (7) Briggs Place an Addition to the City of
Omaha, as surveyed, platted and recorded in Douglas County, Nebraska.

- 9 Joint 4801 Dodge St. ^{\$ 74,200} ³⁹⁻³⁷⁶⁰⁰
Lot one (1) Block one (1) in Sunset Addition to the City of Omaha, as
surveyed, platted and recorded in Douglas County, Nebraska.

- 10 Joint 3102 Burlington St ^{\$ 142,400} ⁰⁴⁻⁸¹⁰⁰⁰
Lots 1,2,3,4,5,6,7, and 8 in Block 232 South Omaha, an Addition to the
City of Omaha, as surveyed, platted and recorded, Douglas County,
Nebraska. \$ 5,600

All values are assessed values.

END OF ATTACHMENT

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Mary Jean Jensen				2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) November 29, 2008	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Omaha, NE				5a. AGE-Last Birthday (Yrs.) 78		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
7. SOCIAL SECURITY NUMBER 505-30-3451				8a. PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify)			
8b. FACILITY-NAME (If not Institution, give street and number) Bergan Mercy Hospital				8c. CITY OR TOWN OF DEATH (Include Zip Code) Omaha 68124			
9a. RESIDENCE-STATE Iowa		9b. COUNTY Pottawattamie		9c. CITY OR TOWN Carter Lake			
9d. STREET AND NUMBER 26 Carter Lake Club				9e. APT. NO.		9f. ZIP CODE 51510	
9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			
10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name. Glenn Jensen				11. FATHER'S NAME (First, Middle, Last, Suffix) George Magone			
11. FATHER'S NAME (First, Middle, Last, Suffix) George Magone				12. MOTHER'S NAME (First, Middle, Maiden Surname) Elsie Plath			
13. EVER IN U.S. ARMED FORCES? (Give dates of service if yes.) No				14a. INFORMANT-NAME Glenn Jensen		14b. RELATIONSHIP TO DECEDENT Husband	
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		18a. EMBALMER-SIGNATURE <i>[Signature]</i>		18b. LICENSE NO. 1291		18c. DATE (Mo., Day, Yr.) December 3, 2008	
18d. CEMETERY, CREMATORY OR OTHER LOCATION Westlawn-Hillcrest Cemetery Omaha Nebraska				17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Cutler-O'Neill-Meyer-Woodring, 545 Willow Ave, Council Bluffs, Iowa			
17b. Zip Code 51503				18. PART I. Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE: (a) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF: (b) Aortic Stenosis + mitral stenosis requiring repair DUE TO, OR AS A CONSEQUENCE OF: (c) Rheumatic fever resulting in # b DUE TO, OR AS A CONSEQUENCE OF: (d) Renal failure			
18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I. atrial fibrillation pneumonia COPD				19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
20. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
22a. DATE OF INJURY (Mo., Day, Yr.)				22b. TIME OF INJURY		22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify)	
22d. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED					
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO. CITY/TOWN STATE ZIP CODE							
23a. DATE OF DEATH (Mo., Day, Yr.) Nov. 29, 2008		23b. DATE SIGNED (Mo., Day, Yr.) 12-3-08		23c. TIME OF DEATH 12:26 a.m.		24a. DATE SIGNED (Mo., Day, Yr.)	
23d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		23e. To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY		24c. PRONOUNCED DEAD (Mo., Day, Yr.)		24d. TIME PRONOUNCED DEAD m	
24e. 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) <input type="checkbox"/>				25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
26. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Carol Scott M.D. 8309 Cass St. Omaha, Neb. 68114							
28a. REGISTRAR'S SIGNATURE <i>[Signature]</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) DEC 08 2008			

TRUE CERTIFICATION OF A PHYSICIAN FILED WITH

JUL 11 2011

VIRGINIA H. HENNING, CLAS
CO. HEALTH DEPT. CHAIR, NEAde J. Curt
REGISTRAR