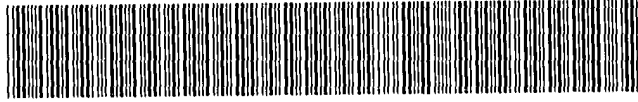


MISC 2010121934



DEC 21 2010 14:37 P 3

*Misc 3*

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EXP 11.14.12 MB COMP \_\_\_\_\_  
DEL \_\_\_\_\_ SCAN \_\_\_\_\_ FV \_\_\_\_\_

**AFFIDAVIT**

Received - DIANE L. BATTIATO  
Register of Deeds, Douglas County, NE  
12/21/2010 14:37:38.07



2010121934

STATE OF NEBRASKA )  
 ) SS  
COUNTY OF Douglas )

Affiant, Gretchen J. Law, after being duly sworn upon oath, does depose and state as follows:

1. That affiant is the surviving spouse of Roger J. Law ("decedent"), who departed this life on November 5, 2010, as shown by the certified copy of the death certificate attached hereto as Exhibit "A" and by this reference incorporated herein.

2. That on the date of death, the affiant and decedent were the sole owners as joint tenants with rights of survivorship of the following real estate in Douglas County known as 5620 South 72nd Street, Omaha, Nebraska, 68127, and legally described as follows:

That portion of Tax Lot 3, in the NE ¼ of Section 11, Township 14 North, Range 12 East of the 6<sup>th</sup> P.M., Douglas County, Nebraska; more particularly described as:

A part of Tax Lot Three (3) in the Northeast Quarter of Section 11, Township 14 North, Range 12 East of the 6<sup>th</sup> P.M. in Douglas County, Nebraska, and being described as follows:

Beginning at the East Quarter corner of said Section 11; thence North 881.2 feet along the East line of said Northeast Quarter of Section 11; thence West a distance of 33.0 feet to the true point of beginning; thence continuing West a distance of 282.6 feet; thence North 31 degrees 51 minutes 00 seconds East a distance of 508.04 feet; thence South 75 degrees 55 minutes 00 seconds East a distance of 15.4 feet; thence South along a line 33.0 feet West of and parallel to the East line of said Northeast Quarter Section 11, a distance of 427.5 feet to the true point of beginning, EXCEPT that portion more particularly described as follows:

Commencing at the Southeast corner of said Quarter Quarter Section; thence North 02 degrees 29 minutes 05 seconds West (assumed bearing) along the East line of said Quarter Quarter Section, a distance of 881.20 feet; thence South 87 degrees 30 minutes 55 seconds West, a distance of 33.00 feet to the point of beginning; thence continuing South 87 degrees 30 minutes 55 seconds West along said line, a distance of 7.00 feet; thence North 02 degrees 29 minutes 05 seconds West along a line lying 40 feet west of and parallel to the East line of said Quarter Quarter Section, a distance of 429.91 feet; thence South 73 degrees 28 minutes 17 seconds East, a

*Erick, Jones, Buel, Blazek & Longo  
4405 Indian Hills Dr., Ste 240  
Omaha, NE 68114*

*✓ 010105*

distance of 7.40 feet; thence South 02 degrees 29 minutes 05 seconds East, along a line lying 33.00 feet West of and parallel to the East line of said Quarter Quarter Section, a distance of 427.50 feet to the point of beginning.

3. That by virtue of the survivorship of affiant, affiant became the sole owner of the above-described property.

4. That this affidavit is given as evidence that pursuant to Neb. Rev. Stat. §77-2003 (1983 Suppl.) no inheritance tax lien arising due to the death of decedent can attach to the above-described real estate and that pursuant to Neb. Rev. Stat. §77-2011 (1983 Suppl.) no Nebraska estate tax lien arising due to the death of decedent can attach to the above described property.

5. That the gross estate of decedent was less than the amount except from federal estate taxes.

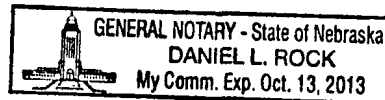
FURTHER AFFIANT SAYETH NOT.

Dated this 21<sup>ST</sup> day of December, 2010.

Gretchen J. Law

Subscribed and Sworn to before me this 21 day of December, 2010.

Daniel L. Rock  
Notary Public



STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

DEC 02 2010

LINCOLN, NEBRASKA

*Stanley S. Cooper*

STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
DEPARTMENT OF HEALTH AND  
HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATE OF DEATH

10 29536

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Roger James Law			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) November 5, 2010	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Lincoln, Nebraska			5a. AGE-Last Birthday (Yrs.) 73	5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.	5c. UNDER 1 DAY HOURS MINS.	
6. DATE OF BIRTH (Mo., Day, Yr.) March 19, 1937			7. SOCIAL SECURITY NUMBER 505-38-9515			
8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other(Specify)			8b. FACILITY-NAME (If not institution, give street and number) 4909 Fountain Drive			
8c. CITY OR TOWN OF DEATH (Include Zip Code) Papillion 68133			8d. COUNTY OF DEATH Sarpy			
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Sarpy		9c. CITY OR TOWN Papillion		
9d. STREET AND NUMBER 4909 Fountain Drive			9e. APT. NO.	9f. ZIP CODE 68133	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. Gretchen J Lane			
11. FATHER'S NAME (First, Middle, Last, Suffix) Myron Law			12. MOTHER'S NAME (First, Middle, Maiden Surname) Maxine Robinson			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No			14a. INFORMANT-NAME Gretchen J Law		14b. RELATIONSHIP TO DECEDENT Wife	
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)		16a. EMBALMER-SIGNATURE Not Embalmed		16b. LICENSE NO.	16c. DATE (Mo., Day, Yr.) November 9, 2010	
16d. CEMETERY, CREMATORY OR OTHER LOCATION Lincoln Memorial Park			CITY/TOWN Lincoln		STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Lincoln Memorial Funeral Home, 6800 S. 14th Street, Lincoln, Nebraska					17b. Zip Code 68512	
<b>CAUSE OF DEATH (See instructions and examples)</b>						
18. PART I. Enter the <u>chain of events</u> - 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.						APPROXIMATE INTERVAL
IMMEDIATE CAUSE (Final disease or condition resulting in death) a) <i>METASTATIC SMALL CELL Lung Cancer</i>						onset to death <i>10 months</i>
Sequitentially list conditions, if any, leading to the cause listed on line a. b) <i>Due to, or as a consequence of:</i>						onset to death
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c) <i>Chronic obstructive pulmonary disease</i>						onset to death
d) <i>Due to, or as a consequence of:</i>						onset to death
18. PART II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not resulting in the underlying cause given in PART I. <i>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</i>					19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
20. IF FEMALE: <input 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"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <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	
21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		22a. DATE OF INJURY (Mo., Day, Yr.)				
22b. TIME OF INJURY m		22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify)				
22d. INJURY AT WORK? <input type="checkbox"/> YES <input 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.) <i>11-5-10</i>		23b. DATE SIGNED (Mo., Day, Yr.) <i>11-8-10</i>		23c. TIME OF DEATH <i>4:04P m</i>	24a. DATE SIGNED (Mo., Day, Yr.)	
24b. TIME OF DEATH m		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)						
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		26a. 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, PHYSICIAN ASSISTANT, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) <i>Robert L. Langdon Jr. MD 8303 Dodge St. Ste 250 Omaha NE 68114</i>						
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) NOV 16 2010		

To Be Completed/Verified by: FUNERAL DIRECTOR

To Be Completed by: CERTIFIER

To Be completed by MEDICAL CERTIFIER ONLY

To be completed by CORONER'S PHYSICIAN OR COUNTY ATTORNEY ONLY

P