



MISC 2009045734



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Received - DIANE L. BATTIATO
Register of Deeds, Douglas County, NE
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2009045734

DEATH CERTIFICATE AFFIDAVIT

STATE OF NEBRASKA)
)ss.
COUNTY OF DOUGLAS)

I, Karen M. Reimer, being first duly sworn on oath, state and allege as follows:

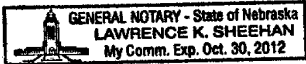
1. I am the daughter of Hazel M. Smith and was well acquainted with her.
2. On July 31, 2000, Hazel M. Smith conveyed the property described as Parcel A in Exhibit A to Hazel M. Smith and Karen M. Reimers, Co-Trustees, by warranty deed recorded at Book 2159, Page 480 of the Deeds Book in the Register of Deeds of Douglas County, Nebraska:
3. On July 31, 2000, Hazel M. Smith conveyed the property described as Parcel B in Exhibit A to Hazel M. Smith and Karen M. Reimers, Co-Trustees, by warranty deed recorded at Book 2159, Page 478 of the Deeds Book in the Register of Deeds of Douglas County, Nebraska:
4. On July 31, 2000, Hazel M. Smith conveyed the property described as Parcel C in Exhibit A to Hazel M. Smith and Karen M. Reimers, Co-Trustees, by warranty deed recorded at Book 2159, Page 482 of the Deeds Book in the Register of Deeds of Douglas County, Nebraska:
5. On November 22, 2008, Hazel M. Smith died. A certified copy of her death certificate is attached and marked Exhibit B.
6. I have personal knowledge about the Hazel M. Smith Trust ("Trust"). The above referenced deeds transferred the properties to Hazel M. Smith and me as Co-Trustees of the Trust. According to the terms of the Trust, I, as Surviving Co-Trustee after the death of Hazel M. Smith, have the sole power and authority to distribute and transfer the properties described in Exhibit A.

FURTHER AFFIANT SAYETH NOT.

Karen M. Reimer

Karen M. Reimer

SUBSCRIBED and sworn to before me this 5 day of May, 2009.



Lawrence K. Sheehan

Notary Public

Return to:
Ellick, Jones, Buelt, Blazek, and Longo
8805 Indian Hills Drive, Suite 280
Omaha, NE 68114

00322

EXHIBIT A
LEGAL DESCRIPTION

PARCEL A:

Lot 743, Westgate, together with that part of Lot 802, Westgate, described as follows: Beginning at the Northwest corner of said Lot 802, thence Southeasterly along the Westerly line of said Lot 802, 14.0 feet, thence Northeasterly along a line 14.0 feet Southerly from and parallel to the Northerly line of said Lot 802, a distance of 125.0 feet to the Easterly line of said Lot 802, thence Northwesterly along the Easterly line of said Lot 802, 14.0 feet to the Northeast corner of said Lot 802, thence Southwesterly along the Northerly line of said Lot 802, 125.0 feet to the point of beginning; together with part of Lot 742, Westgate, an Addition to the City of Omaha, in Douglas County, Nebraska, described as follows: Beginning at the Southwest corner of said Lot 742, thence Northwesterly along the Westerly line of said Lot 742, 11.0 feet, thence Northeasterly, on a line 11.0 feet Northerly from and parallel to the Southerly line of said Lot 742, a distance of 125.0 feet to the Easterly line of said Lot 742, thence Southeasterly along the Easterly line of said Lot 742, 11.0 feet to the Southeast corner of said Lot 742, thence Southwesterly along the Southerly line of said Lot 742, 125.0 feet to the point of beginning.

PARCEL B:

Lot 803 in Westgate, together with that part of Lot 802 in Westgate, an Addition to the City of Omaha, Douglas County, Nebraska, more particularly described as follows: Beginning at the Southwest corner of Lot 802, thence Northwest along the Westerly line of Lot 802, 16 feet; thence Northeast along a line 16 feet Northerly from and parallel to Southerly line of Lot 802, a distance of 125 feet to Easterly line of Lot 802, a distance of 125 feet to Easterly line of Lot 802; thence Southeast along East line of Lot 802, 16 feet; thence Southwest along South line of Lot 802, 125 feet to the point of beginning.

PARCEL C:

That part of Lot 742, described as follows: Beginning at the Northwest corner of said Lot 742, thence North-easterly along the Northerly line of said Lot 742, 125 feet to the Easterly line of said Lot 742, thence Southeasterly along the Easterly line of said Lot 742, 44 feet, thence Southwesterly on a line 44 feet Southerly from and parallel to the Northerly line of Lot 742, a distance of 125 feet to the Westerly line of said Lot 742, thence Northwesterly along the Westerly line of said Lot 742, 44 feet to the point of beginning, together with that part of Lot 741, described as follows: Beginning at the Southwest corner of said Lot 741, thence Northwesterly along the Westerly line of said Lot 741, 52 feet, thence Northeasterly on a line 52 feet Northerly from and parallel to the Southerly line of said Lot 741, 125 feet to the Easterly line of said Lot 741, thence Southeasterly along the Easterly line of said Lot 741, 52 feet to the Southeast corner thereof, thence Southwesterly along the Southerly line of said Lot 741, 125 feet to the point of beginning, all in Westgate, an Addition to the City of Omaha, as surveyed, platted and recorded, in Douglas County, Nebraska.

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 08 2008

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

08 31976

1. DECEDENT'S-NAME (First, Middle, Last, Suffix) Hazel Marie Smith			2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) November 22, 2008	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Des Moines, Iowa			5a. AGE-Last Birthday (Yrs.) 94	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) December 26, 1913
7. SOCIAL SECURITY NUMBER 507-30-5747			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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other(Specify) Silver Ridge Assisted Living			
8b. FACILITY-NAME (If not Institution, give street and number) 20332 Hackberry Drive - Silver Ridge Ass't Living			8c. CITY OR TOWN OF DEATH (Include Zip Code) Gretna 68028			
9a. RESIDENCE-STATE Nebraska			9b. COUNTY Sarpy		9c. CITY OR TOWN Gretna	
9d. STREET AND NUMBER 11221 South 204th Street			9e. APT. NO.	9f. ZIP CODE 68028	9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10a. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed			10b. NAME OF SPOUSE (First, Middle, Last, Suffix) if wife, give maiden name.			
11. FATHER'S-NAME (First, Middle, Last, Suffix) Grover Cleveland Welch			12. MOTHER'S-NAME (First, Middle, Maiden Surname) Edith Marian Grove			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No			14a. INFORMANT-NAME Karen Reimer		14b. RELATIONSHIP TO DECEDENT Daughter	
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 <i>Stephen Bough</i>		16b. LICENSE NO. 1126	16c. DATE (Mo., Day, Yr.) November 26, 2008	
16d. CEMETERY, CREMATORY OR OTHER LOCATION Evergreen Memorial Park Cemetery			CITY/TOWN Omaha		STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Heafey-Heafey-Hoffmann-Dworak & Cutler, 7805 W Center Road, Omaha, Nebraska					17b. Zip Code 68124	
CAUSE OF DEATH (See instructions and examples)						
18. PART I. Enter the <u>chain of events</u> - disease, 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 onset to death
IMMEDIATE CAUSE: a) <u>Cerebral Vascular Disease</u>						<u>Years</u>
DUE TO, OR AS A CONSEQUENCE OF: b) <u>Don't</u>						<u>Years</u>
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST						onset to death
18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I.						19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> YES <input 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"/> Homicide <input type="checkbox"/> Accident <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 checked="" type="checkbox"/> YES <input 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 type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED				
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO.		CITY/TOWN		STATE	ZIP CODE	
To be completed by Attending PHYSICIAN ONLY	23a. DATE OF DEATH (Mo., Day, Yr.) November 22, 2008		23b. DATE SIGNED (Mo., Day, Yr.) 11/26/08	23c. TIME OF DEATH 11:12 P m	To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY	
	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 type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input checked="" 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, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) DAVID STAMP 17030 Cahoon Hills Omaha Ne 68130						
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) DEC 2 2008		

To Be Completed/Verified by: FUNERAL DIRECTOR

To Be Completed by: CERTIFIER

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EXHIBIT B