



REL 2014062186



AUG 12 2014 10:11 P 4

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COMP: BW

Received - DIANE L. BATTIATO
Register of Deeds, Douglas County, NE
08/12/2014 10:11:39.00



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Omaha, NE 68164

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Ref: 201405230838

[Space Above This Line For Recording Data]

RELEASE OF MORTGAGE

THE UNDERSIGNED, AND EACH OF THEM, do hereby certify that a certain REAL ESTATE MORTGAGE, dated 12/31/1999, from KENN A. MAPLES AND LANI K. MAPLES, HUSBAND AND WIFE, WROS, AND M.K. MAPLES AND DOROTHY F. MAPLES, HUSBAND AND WIFE, WROS, and recorded on 05/08/2003, in the office of the Clerk of the County of DOUGLAS, State of NEBRASKA, in Book 8065 at Page 270, indexed against the real estate described herein, has been paid and satisfied in full.

SEE ATTACHED EXHIBIT A

THE UNDERSIGNED, AND EACH OF THEM, hereby release and fully discharge said property from the lien arising under the said REAL ESTATE MORTGAGE.

Kenn A. Maples

 KENN A. MAPLES

Lani K. Maples

 LANI K. MAPLES

Dorothy F. Maples

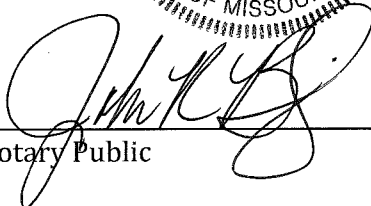
 DOROTHY F. MAPLES

STATE OF MO)

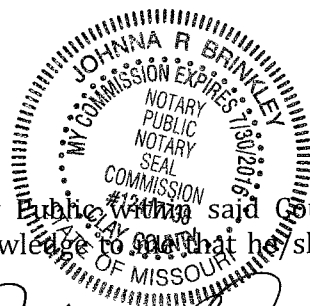
COUNTY OF Clay) ss.

On 6/13/14, before me, a Notary Public within said County and State, personally appeared KENN A. MAPLES and acknowledge to me that he/she executed the same as his/her voluntary act and deed.

Witness my hand and official seal.



Notary Public

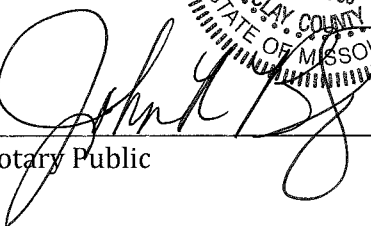


STATE OF MO)

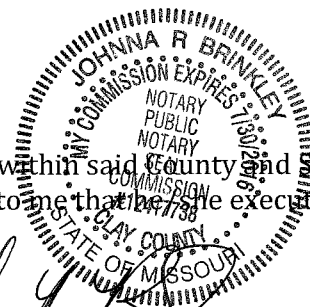
COUNTY OF Clay) ss.

On 6/13/14, before me, a Notary Public within said County and State, personally appeared LANI K. MAPLES and acknowledge to me that he/she executed the same as his/her voluntary act and deed.

Witness my hand and official seal.



Notary Public

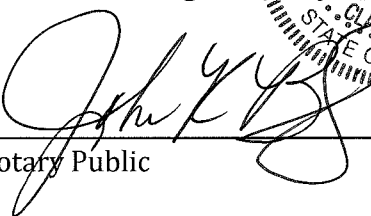


STATE OF MO)

COUNTY OF Clay) ss.

On 6/13/14, before me, a Notary Public within said County and State, personally appeared DOROTHY F. MAPLES and acknowledge to me that he/she executed the same as his/her voluntary act and deed.

Witness my hand and official seal.



Notary Public

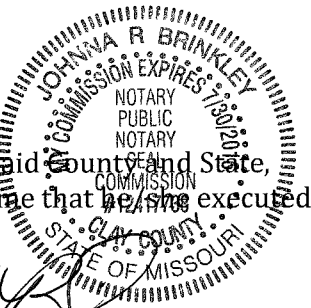


EXHIBIT A
LEGAL DESCRIPTION

THE FOLLOWING DESCRIBED REAL PROPERTY IN DOUGLAS COUNTY, NEBRASKA:

LOT 28, ELLISTONE PARK PLACE SUPPLEMENTAL, AN ADDITION TO THE CITY OF OMAHA, AS SURVEYED, PLATTED AND RECORDED IN DOUGLAS COUNTY, NEBRASKA.

APN: 1017100000

TYPE/PRINT
IN
PERMANENT
BLACK INK.
FOR
INSTRUCTIONS
SEE HANDBOOK

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 047 REGISTRAR'S NUMBER 1374 124-

1. DECEDENT'S NAME (First, Middle, Last) **MOSE KENNETH MAPLES** 2. SEX **Male** 3. DATE OF DEATH (Month, Day, Year) **October 2, 2008**

4. SOCIAL SECURITY NO. **452-03-4446** 5a. AGE - Last Birthday (Years) **89** 5b. UNDER 1 YEAR MONTHS 5c. UNDER 1 DAY HOURS MINUTES 6. DATE OF BIRTH (Month, Day, Year) **Nov 24, 1918** 7. BIRTHPLACE (City and State or Foreign Country) **Huntsville, AL**

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No Unk. 9a. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **15810 HWY C** 9c. CITY, TOWN, OR LOCATION OF DEATH **Kearney** 9d. COUNTY OF DEATH **Clay**

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify) **Married** 11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name) **Dorothy Clark** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Owner** 12b. KIND OF BUSINESS OR INDUSTRY **Texas Carpet Company**

13a. RESIDENCE - STATE **Missouri** 13b. COUNTY **Clay** 13c. CITY, TOWN, OR LOCATION **Kearney** 13d. ZIP CODE **64060**

13e. STREET AND NUMBER **15810 HWY C** 13f. INSIDE CITY LIMITS 1 Yes 2 No 13g. YEARS AT PRESENT ADDRESS Under 5 5-9 10-19 20 or more

14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes Specify: 15. RACE - American Indian, Black, White, etc. (Specify) **White** 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) **12** College (1-4 or 5+)

17. FATHER'S NAME (First, Middle, Last) **Joseph Robert Maples** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **Annie Elizabeth Bevel**

19a. INFORMANT'S NAME (Type/Print) **Dorothy Fannie Maples** 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **15810 HWY C, Kearney, MO 64060**

20a. BURIAL, CREMATION, OTHER (Specify) **Burial** 20b. DATE OF DISPOSITION (Month, Day, Year) **October 5, 2008** 20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Mount Olivet Cemetery** 20d. LOCATION (City or Town, State) **Kansas City Missouri**

21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH *Kick Chubb* 22a. NAME AND ADDRESS OF FACILITY **Park Lawn Northland Chapel**
1640 N M-291 Highway Liberty, MO 64068-1012 22b. FUNERAL ESTABLISHMENT LICENSE NUMBER **2000143924**

23. 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

IMMEDIATE CAUSE (Final disease or condition resulting in death) **End Stage Cardiomyopathy**
DUE TO (OR AS A CONSEQUENCE OF):

Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

End Stage Renal Disease
DUE TO (OR AS A CONSEQUENCE OF):

Ischemic Heart Disease
DUE TO (OR AS A CONSEQUENCE OF):

Atherosclerotic Coronary Disease
DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Congestive Heart Failure
Atrial Fibrillation

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? Yes No Unk. 25a. WAS AN AUTOPSY PERFORMED? Yes No 25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

26. MANNER OF DEATH: Natural Pending Investigation Accident Suicide Could not be Determined Homicide 27a. DATE OF INJURY (Month, Day, Year) 27b. TIME OF INJURY **M** 27c. INJURY AT WORK? Yes No Unk. 27d. DESCRIBE HOW INJURY OCCURRED

27e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify) 27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28a. (Specify) CERTIFYING PHYSICIAN (Signature and Title) *Janet L. Gilbert MD* 28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 28c. DATE SIGNED (Month, Day, Year) **Nov 4, 2008** 28d. TIME OF DEATH **unknown M**

29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) **Janet L. Gilbert, MD** 29b. MO. LICENSE NUMBER **101990** 30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes No

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 32. REGISTRAR'S SIGNATURE *Amy E. Zlone BT* 33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year) **11-13-2008**

DECEDENT

VS 300
MO 580-2211 (4-07)

NAME OF DECEDENT - FOR USE BY PHYSICIAN OR INSTITUTION

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT
(Do not accept if reproduced, or if seal impression cannot be felt.)

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.245, 193.255, & 193.315 RSMo 2004.)

STATE OF MISSOURI } ss
COUNTY OF Clay } I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as County Registrar of Vital Records and the Seal of the Missouri Department of Health and Senior Services.

November 13, 2008

Amy E. Zlone
Registrar of Vital Records