



2022-18323

07/08/2022 09:49:28 AM

Recording fees paid:

\$16.00

Deb Houghtaling

Pages: 2

COUNTY CLERK/REGISTER OF DEEDS

By: LM

Submitter: AMBASSADOR TITLE SERVICES

S-File



AFFT

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY WITHOUT PROBATE

The undersigned, being first duly sworn upon oath, state and allege as follows:

1. On February 16, 2013, Earl Schmitt, Jr. died. A certified copy of his death certificate is attached hereto and marked Exhibit A. More than 30 days have elapsed since his date of death.

2. The value of the decedent's interest in all real property in the decedent's estate located in Nebraska does not exceed \$50,000. Decedent was the joint owner of real property located at 19970 S 172nd Plaza Cir. Springfield, NE 68059, which was on the assessment roles for 2013 at \$48,703. Mr. Schmitt Jr's 1/2 interest valued at \$24,036.50. This real property is legally described as follows:

Lot 5, Cornish Acres, a Subdivision in Sarpy County, Nebraska.

The decedent did not own any other real property in Nebraska.

3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

4. The undersigned are entitled to the real property by intestate succession.

5. The undersigned have made an investigation and have been unable to determine the location of any will of the decedent.

6. No other person has a right to the interest of the decedent and the described real property.

7. Beverly Norris is the surviving spouse of the decedent.

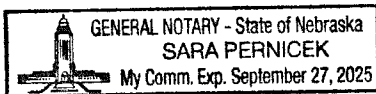
8. The undersigned swear and affirm that all statements in the affidavit are true to the best of affiant's knowledge and material and further acknowledge that any false statement may subject the undersigned to penalties relating to perjury under Neb. Rev. Stat. ' 28-915.

Dated: 6.14.22

Beverly Norris

STATE OF NEBRASKA)
) ss
COUNTY OF DOUGLAS)

Subscribed and sworn to before me this 14th day of June, 2022 by Beverly Norris,



Notary Public

STATE OF IOWA
CERTIFICATION OF VITAL RECORD

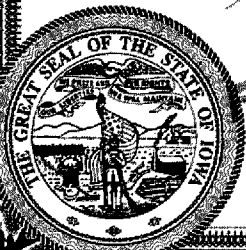
STATE OF IOWA

County Record

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH 114-

BIRTH NUMBER		1. DECEDENT'S FULL NAME		2. SEX		3a. AGE - LAST BIRTHDAY		3b. UNDER 1 YEAR		3c. UNDER 1 DAY		4. DATE OF BIRTH (Month, Day, Year)		5. COUNTY OF DEATH	
		Earl Lee Schmitt, Jr.		Male		57						April 30, 1955		Fremont	
DECEDENT		6. PLACE OF BIRTH (City & State, or Foreign Country)				7. CITIZEN OF WHAT COUNTRY?				8. EVER IN U.S. ARMED FORCES?					
		Omaha, Nebraska				United States				No					
		9. MARITAL STATUS AT TIME OF DEATH				10. DECEDENT'S LAST NAME PRIOR TO ANY MARRIAGE (if ever married)				11. SURVIVING SPOUSE (Full name prior to any marriage)					
		Married				Schmitt				Beverly Norris					
		12a. RESIDENCE-STATE		12b. RESIDENCE-COUNTY		12c. RESIDENCE-CITY OR TOWN		12d. RESIDENCE-STREET & NUMBER, ZIP CODE		12e. INSIDE CITY LIMITS?					
		NE		Douglas		Omaha		10767 V Street 68127		Yes					
		13. INFORMANT'S NAME				14. INFORMANT'S NAME PRIOR TO ANY MARRIAGE				15. INFORMANT'S MAILING ADDRESS (Street & Number, City, State, Zip Code)					
		Earl Lee Schmitt, Sr.				Darlene Marie Cornett				Mrs. Beverly Schmitt					
		15b. INFORMANT'S MAILING ADDRESS (Street & Number, City, State, Zip Code)				15c. RELATIONSHIP TO DECEDENT									
		10767 V Street - Omaha, NE 68127				Wife									
PLACE		16. PLACE OF DEATH (Check only one)				17a. FACILITY NAME (if not institution, give street and number)				17b. CITY, TOWN, OR LOCATION & ZIP CODE OF DEATH					
		Other Residence				2049 11th Street				Thurman - 51654					
		17c. INSIDE CITY LIMITS?													
		Yes													
DISPOSITION		18. METHOD OF DISPOSITION				19. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place)									
		Cremation				Braman Crematory									
		20. LOCATION OF DISPOSITION (City or Town & State)				21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY									
		Omaha, Nebraska				Braman Mortuary - 6505 S. 144th Street - Omaha, NE 68137									
		22a. FUNERAL DIRECTOR - Printed Name				22b. FUNERAL DIRECTOR - Signature				23. LICENSE NUMBER					
		Craig A. Marshall				<i>C. Marshall</i>				2327					
DATE		24. DATE PRONOUNCED DEAD (Month, Day, Year) (Spell out month)				25. TIME PRONOUNCED DEAD									
		February 16, 2013				15:06									
		26. NAME OF PERSON PRONOUNCING DEATH (if different than certified) (Type or print legibly)				27. TITLE				28. LICENSE NUMBER					
		John M. Travis M.D.				M.D.				D51300417					
		29. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) (Spell out month)				30. ACTUAL OR PRESUMED TIME OF DEATH				31a. MEDICAL EXAMINER CONTACTED? Yes No					
		February 16, 2013				14:16				Yes					
		31b. If Yes, M.E. case number								13-16-0007					
CAUSE OF DEATH		32a. 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.				32b. Approximate interval between onset and death									
		IMMEDIATE CAUSE (final disease or condition resulting in death)				Traumatic Asphyxia				minutes					
		Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				car fell on decedent				minutes					
						improper blocking of vehicle				minutes					
		32c. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				33. WAS AN AUTOPSY PERFORMED? Yes No				34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? Yes No					
		Soft wet ground				No				No					
		35. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown		36. IF FEMALE. Not pregnant within a past year Not pregnant, but pregnant 45 days to 1 year before death Unknown, if pregnant within the past year		37. MANNER OF DEATH		38. DATE OF INJURY (Month, Day, Year) (Spell out month)		39. TIME OF INJURY		40. PLACE OF INJURY (e.g., home, farm, street, roadway, etc.)		41. INJURY AT WORK? Yes No	
		No		Not pregnant, but pregnant 45 days to 1 year before death		Accident		February 16, 2013		11:11		Truck Repair Building		No	
		42. LOCATION OF INJURY (Complete physical address - Street & Number, Apt. #, City or Town, State, Zip Code)				43. IF TRANSPORTATION INJURY, SPECIFY:									
		2049 11th St Bartlett, IA 51654				Driver/Operator Passenger Pedestrian Other (Specify)									
		44. DESCRIBE HOW INJURY OCCURRED				45. CERTIFIER (Check only one) Medical Examiner - 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) and manner stated.									
		Car fell on decedent				Certifying MD, DO, PA, ARNP - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.									
		46. NAME & COMPLETE MAILING ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER				47. DATE CERTIFIED (Month, Day, Year)				48. LICENSE NUMBER					
		Dr. Kelli Woltemath, DO - Medical Clinic PC - Hamburg, IA 51640				2-18-13				02407					
		49a. COUNTY OF REGISTRATION (County of Death)				49b. REGISTRAR'S SIGNATURE				50c. DATE FILED (Month, Day, Year)					
		Fremont				<i>Jennifer M. Allister</i>				February 19, 2013					

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

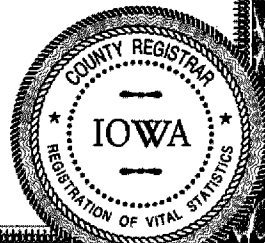


FEB 20 2013

DATE ISSUED 03758882

FORM #588-0328C (03/2010)

BY *Jennifer M. Allister*
COUNTY REGISTRAR OF VITAL RECORDS
Fremont COUNTY



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY