

LANCASTER COUNTY, NE.

BLOCK

7552

REGISTER OF DEEDS

JAN 6 1 33 PM '98

INST. NO 98

000600

CODE
I.T.
CHECKED
ENTERED

EDITED
ckx

NEBRASKA DOCUMENTARY
STAMP TAX

JAN 06 1998

WARRANTY DEED

\$ X 4 BY me

JAMES W. GREEN AND DOROTHY C. GREEN, HUSBAND AND WIFE, GRANTORS, in consideration of ONE DOLLAR (\$1.00) AND OTHER GOOD AND VALUABLE CONSIDERATION received from GRANTEE,

RAYMOND FARMS, LLC

conveys to GRANTEE, the following described real estate (as defined in Neb. Rev. Stat. 76-201):

LOTS 18, 61 AND 64 OF IRREGULAR TRACTS IN THE NORTHEAST QUARTER OF SECTION 29, TOWNSHIP 10 NORTH, RANGE 6 EAST OF THE 6TH P. M., LANCASTER COUNTY, NEBRASKA.

GRANTOR covenants (jointly and severally, if more than one) with GRANTEE that GRANTOR:

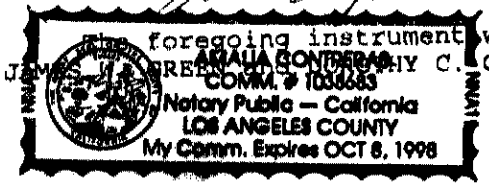
- (1) is lawfully seized of such real estate and that it is free from encumbrances, except those easements and restrictions of record, if any;
- (2) has legal power and lawful authority to convey the same;
- (3) warrants and will defend title to the real estate against the lawful claims of all persons.

Executed December 30th, 1997

[Signature]
JAMES W. GREEN

[Signature]
DOROTHY C. GREEN

STATE OF CALIFORNIA)
COUNTY OF Los Angeles) SS.



The foregoing instrument was acknowledged before me on December 30th, 1997 by JAMES W. GREEN and DOROTHY C. GREEN, Husband and Wife.

[Signature]
Notary Public

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

DATE OF ISSUANCE
 JAN 6 1995
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

| | | | | |
|---|--|--|--|--|
| 1. DECEDENT - NAME FIRST: Ronald MIDDLE: W. LAST: Green | | | 2. SEX male | 3. DATE OF DEATH (Month Day Year) Dec. 26, 1994 |
| 4. CITY AND STATE OF BIRTH (If not in U.S.A. name country) Lincoln, Ne. | | | 5a. AGE - Last Birthday (Yrs) 62 | 5b. UNDER 1 YEAR MOS: 7 DAYS: 7 HOURS: 5 MINS: 12 |
| 7. SOCIAL SECURITY NUMBER 507-34-1321 | | 8a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> ER Outpatient <input checked="" type="checkbox"/> Residence <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify): | | |
| 8b. FACILITY - Name (If not institution, give street and number) 511 No. 56 | | 8c. CITY, TOWN OR LOCATION OF DEATH Lincoln | | |
| 9a. RESIDENCE - STATE Nebr. | | 9b. COUNTY Lancaster | | 9c. CITY, TOWN OR LOCATION Lincoln |
| 10. RACE (e.g., White, Black, American Indian, etc.) (Specify) white | | 11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) American | | 12. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |
| 14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carman | | 14b. KIND OF BUSINESS INDUSTRY 516 Burlington Northern R.R. | | 15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (1-12) 12 College (1-4 or 5+) |
| 16. FATHER - NAME FIRST: William MIDDLE: E. LAST: Green | | | 17. MOTHER FIRST: Marie MIDDLE: Green MAIDEN SURNAME: Green | |
| 18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war and dates of services) yes Korean 10-30-51/7-28-53 | | 19a. INFORMANT - NAME Judith Green | | |
| 19b. INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 511 No. 56 Lincoln, Ne. 68504 | | | | |
| 20. EMBALMER - SIGNATURE & LICENSE NO. <i>Michael B. Williams 1083</i> | | 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation | | 21b. DATE 12-30-94 |
| 22a. FUNERAL HOME - NAME Butherus, Maser & Love | | 21c. CEMETERY OR CREMATORY - NAME Wyuka Cemetery | | |
| 22b. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 4040 A St. Lincoln, Ne. | | 21d. CEMETERY OR CREMATORY LOCATION CITY OR TOWN: Lincoln, Ne. STATE: | | |
| 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | |
| PART I (a) Cardiac dysrhythmia | | | Interval between onset and death | |
| (b) Acute myocardial infarction | | | Interval between onset and death | |
| (c) | | | Interval between onset and death | |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related Hypertension, Diabetes mellitus | | | | |
| PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | 24. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | 26a. DATE OF INJURY (Mo., Day, Yr.) | | |
| 26b. INJURY AT WORK Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | 26c. HOUR OF INJURY | | 26d. DESCRIBE HOW INJURY OCCURRED |
| 26e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | | 26g. LOCATION STREET OR R.F.D. NO., CITY OR TOWN, STATE | | |
| 27a. DATE OF DEATH (Mo., Day, Yr.) December 27, 1994 | | 27b. DATE SIGNED (Mo., Day, Yr.) 12-27-94 | | 27c. TIME OF DEATH 2:30 A M |
| 27d. 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>Paul N Gabbo MD</i> | | 27e. 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) | | |
| 29. DID TOBACCO USE CONTRIBUTE TO THE DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> | | 30a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 30b. WAS CONSENT GRANTED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Paul N Gabbo MD, 1500 S. 48th St, Ste 708, Lincoln NE 68506 | | | | |
| 32a. REGISTRAR <i>Stanley S. Cooper</i> | | | 32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) DEC 29 1994 | |

LANCASTER COUNTY, NEB
Don Nolt
 REGISTER OF DEEDS

JAN 23 11 00 AM '95

#650

Lots 18, 61+64 NE 29-10-6
 Lots 8+9 Block 2
 Woods Bras Lakewood Acres

BLOCK
 COLE IT INST. NO 95 - 1805
 WOBRLAAC
 CHECKED
mo
 ENTERED
ca

Angela Green
 7200 Kearney Ave
 Lincoln (D.T.)

on at o'clock INDEXED M.,
and recorded in Deed Record Page **MICRO-FILER**

LANCASTER COUNTY NEBR.
Kenneth L. Bergmann
REGISTER OF DEEDS

By *10/2-144*
County Clerk or Deputy County Clerk or
Register of Deeds Deputy Register of Deeds

1979 DEC 26 AM 10:55

WARRANTY DEED

ENTERED ON
NUMERICAL INDEX
FILED FOR RECORD AS:

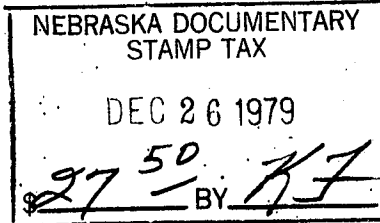
INST. NO. 79- 33384

\$3.25

LaVerne Marie Heidtbrink and Robert Heidtbrink,
wife and husband, herein called the grantor whether one or more,
in consideration of one dollar and other valuable consideration
received from grantee, does grant, bargain, sell, convey and confirm unto
Ronald W. Green

herein called the grantee whether one or more, the following described real property in
Lancaster..... County, Nebraska:

an undivided one-third interest in and to Lots 18, 61 and 64 of Irregular Tracts
in the Northeast Quarter of Section 29, Township 10 North, Range 6 East,
Lancaster County, Nebraska; said conveyance is subject to easements and
conditions of record.



To have and to hold the above described premises together with all tenements, hereditaments
and appurtenances thereto belonging unto the grantee and to grantee's heirs and assigns forever.
And the grantor does hereby covenant with the grantee and with grantee's heirs and assigns
that grantor is lawfully seised of said premises; that they are free from encumbrance

that grantor has good right and lawful authority to convey the same; and that grantor warrants and will
defend the title to said premises against the lawful claims of all persons whomsoever.

Dated *December 19* 1979

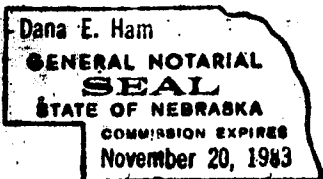
Stephen Rosenberg

LaVerne Marie Heidtbrink
Robert Heidtbrink

STATE OF NEBRASKA, County of Lancaster.....

Before me, a notary public qualified for said county, personally came
LaVerne Marie Heidtbrink and Robert Heidtbrink, wife and husband,

known to me to be the identical person or persons who signed the
foregoing instrument and acknowledged the execution thereof to be his,
her or their voluntary act and deed.



Witness my hand and notarial seal on *December 19, 1979*

Dana E. Ham Notary Public

My commission expires *November 20, 1983*

Ronald W. Green
100 N W 14
82589

