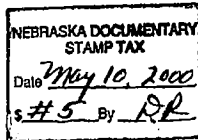


When recorded return to:

Christine A. Neuharth, Esq.
Kutak Rock LLP
1650 Farnam Street
Omaha, NE 68102



114 STATE OF NEBRASKA COUNTY OF OTTOE, File for records in the REGISTER OF DEEDS May 10, 2000 at 11:30 A.M. recorded in Book # 202 of DEEDS Page 257 Delores A. ELL, Register of Deeds, Fee: \$ 15.50 By: Deputy Entered ☒ Indexed ☒ Paged ☒ Compared ☒

WARRANTY DEED

MELVIN L. ELL and DELORES A. ELL, husband and wife, ("Grantor"), in consideration of the sum of No Dollars (\$0.00) and other good and valuable consideration, do hereby grant and convey the real estate legally described on Exhibit A attached hereto and incorporated herein (the "Property") unto DELORES A. ELL during her life and at her death to RICKY LANNIE ELL and LYNNE SUSAN ROLAN.

TO HAVE AND TO HOLD the Property, together with the improvements thereon and the rights, easements, privileges and appurtenances thereunto belonging or appertaining. Delores A. Ell shall receive all income from the Property during her lifetime and shall be responsible for all debts relating to the Property during her lifetime. Ricky Lannie Ell and Lynne Susan Rolan shall have no right to possess or encumber the Property during the lifetime of Delores A. Ell.

Grantor covenants that it is lawfully seized of the Property, has good right to convey the Property, guarantees the quiet possession of the Property and that it will warrant and defend the title of the Property against all lawful claims.

IN WITNESS WHEREOF, intending to be legally bound, Grantor has caused this instrument to be executed the 2nd day of May, 2000.

GRANTOR:

MELVIN L. ELL

Melvin L. Ell

DELORES A. ELL

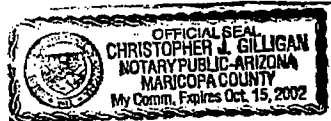
Delores A. Ell

STATE OF Arizona)
) SS.
COUNTY OF Maricopa)

The foregoing instrument was acknowledged before me this 2 day of May, 2000, by Melvin L. Ell.

Notary Public: *Christopher J. Gilligan*

My commission expires: October 15 2002



STATE OF Arizona)
) SS.
COUNTY OF Maricopa)

The foregoing instrument was acknowledged before me this 2 day of May, 2000, by Delores A. Ell.

Notary Public: *Christopher J. Gilligan*

My commission expires: October 15 2002



EXHIBIT A
LEGAL DESCRIPTION

Northeast Quarter (NE $\frac{1}{4}$) of the Northwest Quarter (NW $\frac{1}{4}$); North Half (N $\frac{1}{2}$) of the Northeast Quarter (NE $\frac{1}{4}$) Southwest Quarter (SW $\frac{1}{4}$) of the Northeast Quarter (NE $\frac{1}{4}$) and the Northwest Quarter (NW $\frac{1}{4}$) of the Southeast Quarter (SE $\frac{1}{4}$) all in Section Thirty-six (36), Township Eight (8), Range Nine (9), Otoe County, Nebraska.

201602279

Page 1 of 2

FILED
OTOE COUNTY, NE
FEE \$ 16.00

2016 OCT 3 PM 1 49

Janet R. Rasmussen

REGISTER OF DEEDS

ENTERED ☒
VERIFIED ☒
SCANNED ☒

Return to: John C. Hurd, Attorney at Law
1248 O Street, Suite 800
Lincoln, NE 68508

DEATH CERTIFICATE COVER SHEET

Grantor: Delores A. Ell
Grantee: Ricky Lannie Ell and Lynne Susan Rolan - c/o Lynne Susan Rolan, 8053 East Lewis
Avenue, Scottsdale, AZ 85257

Please file the attached Death Certificate of Delores Alice Ell against the following real estate:

Northeast Quarter (NE1/4) of the Northwest Quarter (NW1/4); North Half (N1/2) of the
Northeast Quarter (NE1/4); Southwest Quarter (SW1/4) of the Northeast Quarter
(NE1/4); and the Northwest Quarter (NW1/4) of the Southeast Quarter (SE1/4); all in
Section Thirty-six (36), Township Eight (8) North, Range Nine (9) East of the 6th P.M.,
Otoe County, Nebraska.

201602279

CERTIFICATION OF VITAL RECORD

HEALTH AND SOCIAL SERVICES DEPARTMENT

Page 2 of 2

3052016174750

CERTIFICATE OF DEATH

3201648002129

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY - NO ERASERS, WHITEOUTS OR ALTERATIONS
FD-104 (REV. 3/08)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (Given) DELORES		2. MIDDLE ALICE		3. LAST (Family) ELL		LOCAL REGISTRATION NUMBER	
AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 06/13/1936		5. AGE Yrs. 80	
6. BIRTH STATE/FOREIGN COUNTRY NE		10. SOCIAL SECURITY NUMBER 505-44-8059		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP: At Time of Death MARRIED	
13. EDUCATION—Highest Level/Degree (See worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 09/05/2016	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED HOME MAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME				8. HOUR (24 Hours) 0051	
19. YEARS IN OCCUPATION 59		20. DECEDENT'S RESIDENCE (Street and number, or location) 46 GOYA DR.					
21. CITY FAIRFIELD		22. COUNTY/PROVINCE SOLANO		23. ZIP CODE 94534		24. YEARS IN COUNTY 6	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP MELVIN ELL, HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 46 GOYA DR, FAIRFIELD, CA 94534		28. NAME OF SURVIVING SPOUSE/SDP—FIRST MELVIN					
29. MIDDLE LEWIS		30. LAST (BIRTH NAME) ELL		31. NAME OF FATHER/PARENT—FIRST CECIL		32. MIDDLE RAYMOND	
33. LAST DOVEL		34. BIRTH STATE NE		35. NAME OF MOTHER/PARENT—FIRST VERA		36. MIDDLE ALICE	
37. LAST (BIRTH NAME) MALONE		38. BIRTH STATE NE		39. DISPOSITION DATE mm/dd/yyyy 09/08/2016		40. PLACE OF FINAL DISPOSITION RES OF HUSBAND, MELVIN ELL 46 GOYA DR, FAIRFIELD, CA 94534	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER FD1548		44. NAME OF FUNERAL ESTABLISHMENT FAIRMONT CREMATION SERVICES	
45. LICENSE NUMBER FD1548		46. SIGNATURE OF LOCAL REGISTRAR BELA MATYAS, MD, MPH		47. DATE mm/dd/yyyy 09/08/2016		48. DATE mm/dd/yyyy 09/08/2016	
101. PLACE OF DEATH DAVID GRANT MEDICAL CENTER		102. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 101 BODIN CIRCLE		103. CITY FAIRFIELD		104. COUNTY SOLANO	
105. CAUSE OF DEATH (A) CARDIAC ARRHYTHMIA		106. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		107. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIAC ARRHYTHMIA		110. SEPTIC SHOCK RENAL FAILURE		111. DUODENAL ULCER PERFORATION		112. CHRONIC MYELOID LEUKEMIA	
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS, CONGESTIVE HEART FAILURE		114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date(s) LAPAROSCOPIC GRAHAM PATCH REPAIR ON 09/01/2016		115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		116. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy 09/01/2016		118. SIGNATURE AND TITLE OF CERTIFIER CARL BEYER M.D.		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE CARL BEYER M.D. 101 BODIN CIRCLE, FAIRFIELD, CA 94535		120. LICENSE NUMBER A143147	
121. DATE mm/dd/yyyy 09/05/2016		122. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		123. INJURY DATE mm/dd/yyyy 09/06/2016		124. INJURY DATE mm/dd/yyyy 09/06/2016	
125. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		126. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		127. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		128. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
129. SIGNATURE OF CORONER / DEPUTY CORONER		130. DATE mm/dd/yyyy		131. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		I		J		K	
L		M		N		O	
P		Q		R		S	
T		U		V		W	
X		Y		Z		AA	
AB		AC		AD		AE	
AF		AG		AH		AI	
AJ		AK		AL		AM	
AN		AO		AP		AQ	
AR		AS		AT		AU	
AV		AW		AX		AY	
AZ		BA		BB		BC	
BD		BE		BF		BG	
BH		BI		BJ		BK	
BL		BM		BN		BO	
BP		BQ		BR		BS	
BT		BU		BV		BW	
BX		BY		BZ		CA	
CB		CC		CD		CE	
CF		CG		CH		CI	
CJ		CK		CL		CM	
CN		CO					

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Health and Social Services Department, Public Health Division.

000444226

09/08/2016

By

Deputy. DATE ISSUED

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

