

KNOW ALL MEN BY THESE PRESENTS, That **Helen Claus, Widow**

in consideration of **Twelve Hundred** ----- DOLLARS

in hand paid, do hereby grant, bargain, sell, convey and confirm unto **Aldo A Holtmeier and Marilyn J Holtmeier, husband and wife**

as **JOINT TENANTS**, and not as tenants in common; the following described real estate, situated in the County of **Saline** and State of **Nebraska**, to-wit:

Lot Seven (7) and the South Half (S 1/2) of Lot Eight (8) in Block Two Hundred Thirty (230), in the City of Crete



together with all the tenements, hereditaments and appurtenances to the same belonging, and all the estate, title, dower, right of homestead, claim or demand whatsoever of the said grantor, of, in or to the same, or any part thereof; subject to

IT BEING THE INTENTION OF ALL PARTIES HERETO, THAT IN THE EVENT OF THE DEATH OF EITHER OF SAID GRANTEEES, THE ENTIRE FEE SIMPLE TITLE TO THE REAL ESTATE DESCRIBED HEREIN SHALL VEST IN THE SURVIVING GRANTEE.

TO HAVE AND TO HOLD the above described premises, with the appurtenances, unto the said grantees as **JOINT TENANTS**, and not as tenants in common, and to their assigns, or to the heirs and assigns of the survivor of them, forever, and **I** the grantor named herein for **myself** and **my** heirs, executors, and administrators, do covenant with the grantees named herein and with their assigns and with the heirs and assigns of the survivor of them, that **I am** lawfully seized of said premises; that they are free from incumbrance except as stated herein, and that **I** the said grantor have good right and lawful authority to sell the same, and that **I** will and **my** heirs, executors and administrators shall warrant and defend the same unto the grantees named herein and unto their assigns and unto the heirs and assigns of the survivor of them, forever, against the lawful claims of all persons whomsoever, excluding the exceptions named herein.

IN WITNESS WHEREOF **I** have hereunto set **my** hand this **31st** day of **July**, 19 **61**

Helen A. Claus
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.....
.....

In presence of

.....
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.....
.....

STATE OF Nebraska }
Saline County } ss.

On this 1st day of July, 1961, before me, the undersigned a Notary Public, duly commissioned and qualified for said County, personally came Helen Claus, a widow

to me known to be the identical person or persons whose name is or names are subscribed to the foregoing instrument, and acknowledged the execution thereof to be, his, her or their voluntary act and deed.

Witness my hand and Notarial Seal the day and year last above written.

[Signature] Notary Public.
My commission expires the 18th day of July, 1961



STATE OF }
..... County } ss.

On this day of, 19....., before me, the undersigned a Notary Public, duly commissioned and qualified for said County, personally came.....

to me known to be the identical person or persons whose name is or names are subscribed to the foregoing instrument, and acknowledged the execution thereof to be, his, her or their voluntary act and deed.

Witness my hand and Notarial Seal the day and year last above written.

..... Notary Public.
My commission expires the day of, 19.....

10.	Mr	Ms	PAID FORD
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HAVE THIS DEED RECORDED

File No.

WARRANTY DEED
VESTING ENTIRE TITLE IN SURVIVOR

From HELEN CLAUS

To ALDO A. HOLTMEIER & WF.

STATE OF NEBRASKA }
SALINE County, } ss.

Entered on County Clerk's filed for Record in the Registrar of Deeds' office of said County, the 1st day of August, 1961, at 9:00 o'clock A. M., and recorded in Book 104 of Deeds, Page 313.

[Signature]
COUNTY CLERK

Mail.....
Num l..... Gen l.....
Compared by..... Paged General.....
Time Rec'd..... Fee.....
FROM, CHARGE, & RETURN: JOHN E. MEXOTA, CRETE, NEBR.

The Hoffman General Supply House, Lincoln, Nebr.

CHARGE: \$1.90

2014 00246

STATE OF NEBRASKA } ss
SALINE COUNTY

Entered in numerical index and filed on
record, the 13 day of February
2014 at 11:17 o'clock A. M. and recorded
in Book 74 of Misc. Page 867-868.

Janice Kastner
County Clerk

No.	Gen.	Num.	Paged		
#10	✓	✓	✓		
dk Register of Deeds					

Fee: \$16.00 Chg.

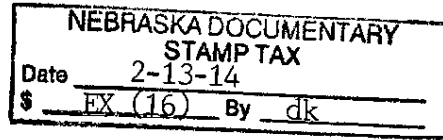
SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

From,

Please return filed Documents to:

Charge to:

Matthew Hanson
1331 Main
Crete, NE 68333



TITLE OF DOCUMENT: CERTIFIED DEATH CERTIFICATE FOR DEEDS

() Transfer on Death () Life Estate () Joint Tenancy () Other

DEED RECORDING DATE:

DEED RECORDING INFORMATION: BOOK _____ PAGE _____

GRANTOR: Aldo A. Holtmeier and Marilyn J. Holtmeier, Husband and Wife

GRANTEE: Aldo A. Holtmeier, a single person

FULL AND COMPLETE LEGAL DESCRIPTIONS:

Lot Seven (7) and the South One-Half (S¹/₂) of Lot Eight (8), Block Two Hundred Thirty (230), City of Crete, Saline 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

09/03/2013

LINCOLN, NEBRASKA

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

13-03722

Stanley S. Goorer
 STANLEY S. GOORER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

To be completed/verified by: FUNERAL DIRECTOR

To be completed by: CERTIFIER

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Marilyn Joyce Holtmeier		2. SEX Female	3. DATE OF DEATH (Mo., Day, Yr.) August 27, 2013
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Daykin, Nebraska	5a. AGE - Last Birthday (Yrs.) 81	5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.	5c. UNDER 1 DAY
7. SOCIAL SECURITY NUMBER 554-46-3140	6a. PLACE OF DEATH <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify)		
8b. FACILITY NAME (If not institution, give street and number) Bryan Medical Center East	6b. DATE OF BIRTH (Mo., Day, Yr.) February 25, 1932		
8c. CITY OR TOWN OF DEATH (Include Zip Code) Lincoln 68506		8d. COUNTY OF DEATH Lancaster	
9a. RESIDENCE STATE Nebraska	9b. COUNTY Saline	9c. CITY OR TOWN Crete	
9d. STREET AND NUMBER 410 Juniper Avenue		9e. APT. NO.	9f. ZIP CODE 68333
10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10b. NAME OF SPOUSE (First, Middle, Last, Suffix) if wife, give maiden name Aldo A Holtmeier	
11. FATHER'S NAME (First, Middle, Last, Suffix) Leon Jarchow		12. MOTHER'S NAME (First, Middle, Maiden Surname) Lorena Schmidt	
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No		14a. INFORMANT NAME Aldo A Holtmeier	
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 Kyla Hudson	16b. LICENSE NO. 1447
15a. EMBALMER SIGNATURE		16c. DATE (Mo., Day, Yr.) August 31, 2013	
15b. EMBALMER SIGNATURE		16d. CEMETERY, CREMATORY OR OTHER LOCATION Riverside Cemetery	
15c. EMBALMER SIGNATURE		16e. CITY / TOWN Crete	
15d. EMBALMER SIGNATURE		16f. STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Lincoln Memorial Funeral Home, 6800 S. 14th Street, Lincoln, Nebraska			17b. Zip Code 68512

18. 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.				APPROXIMATE INTERVAL	
IMMEDIATE CAUSE (Final disease or condition resulting in death)			a) Acute Respiratory Failure	onset to death Hours To Days	
Sequentially list conditions, if any, leading to the cause listed on line a.			b)	onset to death	
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST			c)	onset to death	
LAST			d)	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. Hypertension			19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> YES <input checked="" 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	
23a. DATE OF DEATH (Mo., Day, Yr.) August 27, 2013		24a. DATE SIGNED (Mo., Day, Yr.)		24b. TIME OF DEATH	
23b. DATE SIGNED (Mo., Day, Yr.) September 3, 2013		23c. TIME OF DEATH 01:53 PM		24c. PRONOUNCED DEAD (Mo., Day, Yr.)	
23d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Maluk Sidhu, MD		24d. TIME PRONOUNCED DEAD			
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 checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input checked="" type="checkbox"/> YES <input 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 (Type or Print) Maluk Sidhu, MD, 2300 S 16th, Lincoln, Nebraska, 68502					
28a. REGISTRAR'S SIGNATURE <i>Judith A. Helstad</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) September 3, 2013	