

No.	Gen.	Num.	Paged	
#1	✓	✓	✓	
dk Register of Deeds				

2011-01122
 STATE OF NEBRASKA } ss
 SALINE COUNTY

Entered in numerical index and filed on record the 22 day of June 2011 at 9:00 o'clock A. M. and recorded in Book 71 of Misc. Page 537-539

Jonda Kustanek
 County Clerk

From and Return to:
 Jeffrey, Hahn, Hemmerling & Zimmerman, PC
 5640 So. 84th Street, Suite 100
 Lincoln, NE 68516
 Fee: \$ 15.50 paid (check)

AFFIDAVIT

STATE OF NEBRASKA)
) ss.
 COUNTY OF LANCASTER)

Affiant, JOHN P. POTTER, TRUSTEE of the JOHN P. AND BETTY A. POTTER TRUST under Agreement dated June 17, 1999, after being duly sworn upon oath, does depose and state as follows:

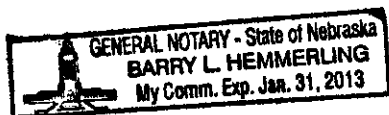
1. That Affiant is the surviving spouse of BETTY A. POTTER, ("Decedent"), who departed this life on November 16, 2007, as shown by a true copy of the death certificate attached hereto as Exhibit "A" and by this reference incorporated herein.
2. That on the date of death, the Affiant and Decedent were the owners, as Co-Trustees and beneficiaries of the John P. and Betty A. Potter Trust, of that real estate legally described on Exhibit "B" attached hereto.
3. That by virtue of the survivorship of Affiant, Affiant became the sole owner, as Trustee and sole beneficiary of the John P. and Betty A. Potter Trust, of the above-described property.
4. That this Affidavit is given as evidence that pursuant to NEB.REV.STAT. Section 77-2003 (Reissue of 1996), no inheritance tax lien arising due to the death of Decedent can attach to the above-described real estate and that pursuant to NEB.REV.STAT. Section 77-2012 (Reissue of 1996), no Nebraska estate tax lien arising due to the death of Decedent can attach to the above-described property.
5. That the gross estate of Decedent was less than that amount exempt from federal estate taxes.

FURTHER AFFIANT SAYETH NOT.

DATED this 10th day of June, 2011 ~~2008~~.

John P. Potter
 JOHN P. POTTER, TRUSTEE

SUBSCRIBED and sworn to before me this 10th day of June, 2011



Barry L. Hemmerling
 Notary Public

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

EXHIBIT "A"

DATE OF ISSUANCE
 NOV 26 2007
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT
CERTIFICATE OF DEATH

07 32445

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Betty Ann Potter				2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) November 16, 2007					
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Rural Crete, Nebraska			5a. AGE-Last Birthday (Yrs.) 67		5b. UNDER 1 YEAR MOS. DAYS		5c. UNDER 1 DAY HOURS MINS.				
7. SOCIAL SECURITY NUMBER 507-50-7041				8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify)							
8b. FACILITY-NAME (If not institution, give street and number) 1340 County Road F				8c. CITY OR TOWN OF DEATH (Include Zip Code) Dorchester 68343				8d. COUNTY OF DEATH Saline			
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Saline		9c. CITY OR TOWN Dorchester							
9d. STREET AND NUMBER 1340 County Road F				9e. APT. NO.		9f. ZIP CODE 68343		9g. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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. John Potter							
11. FATHER'S NAME (First, Middle, Last, Suffix) Frank Otto Bosak				12. MOTHER'S NAME (First, Middle, Maiden Surname) Clara Taborek							
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) No				14a. INFORMANT-NAME John Potter				14b. RELATIONSHIP TO DECEDENT Husband			
15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMPLOYER-SIGNATURE <i>[Signature]</i>				16b. LICENSE NO. 1097		16c. DATE (Mo., Day, Yr.) November 17, 2007			
16d. CEMETERY, CREMATORY OR OTHER LOCATION Lincoln Cremation Service				CITY/TOWN Lincoln				STATE Nebraska			
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Lauber-Moore Funeral Homes 814 Maple Street Friend NE								17b. Zip Code 68359-1531			

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Colon Cancer	DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL onset to death 18 mo
Sequentially 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 (b)	DUE TO, OR AS A CONSEQUENCE OF:	onset to death
(c)	DUE TO, OR AS A CONSEQUENCE OF:	onset to death
(d)	DUE TO, OR AS A CONSEQUENCE OF:	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.

19. WAS MEDICAL EXAMINER OR CORONER CONTACTED?
 YES NO

20. IF FEMALE: <input checked="" 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	
						21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input 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? YES NO
 22e. DESCRIBE HOW INJURY OCCURRED

22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO. CITY/TOWN STATE ZIP CODE

To be completed by Attending Physician ONLY	23a. DATE OF DEATH (Mo., Day, Yr.) 11/16/07		24a. DATE SIGNED (Mo., Day, Yr.)		24b. TIME OF DEATH m	
	23b. DATE SIGNED (Mo., Day, Yr.) 11/16/07		23c. TIME OF DEATH 11:15 AM		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) <i>[Signature]</i> M.D.		24d. TIME PRONOUNCED DEAD m			
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) <i>[Signature]</i>						

25. DID TOBACCO USE CONTRIBUTE TO THE DEATH?
 YES NO PROBABLY UNKNOWN

26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED?
 YES NO

26b. WAS CONSENT GRANTED?
 Not Applicable if 26a is NO YES NO

27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, GORNER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print)
 Russell J. Ebke, M.D. 2910 Bettin Dr Crete NE 68333

28a. REGISTRAR'S SIGNATURE
Stanley S. Cooper

28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)
 NOV 26 2007

EXHIBIT "B"

South Half of the Southwest Quarter (S½ SW¼) of Section Thirty (30),
Township Eight (8) North, Range Three (3), East of the 6th P.M., Saline
County, Nebraska.