



# JOINT TENANCY WARRANTY DEED

ALBERT A. NELSON, JR., and MARY S. NELSON, Husband and Wife

, Grantor, whether one or more,

in consideration of Twenty-eight Thousand Dollars (\$28000)

, receipt of which is hereby acknowledged, conveys to

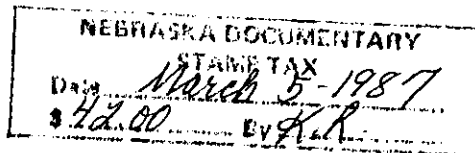
, Grantees,

GLEN L. PAYNE and LILLIAN A. PAYNE, (Husband and Wife)

as joint tenants and not as tenants in common, the following described real estate (as defined

in Neb. Rev. Stat. § 76-201) in Clay County, Nebraska:

Lot 60, Original Town of Harvard, Clay County, Nebraska,



Grantor covenants (jointly and severally, if more than one) with the Grantees that Grantor:

- (1) is lawfully seised of such real estate and that it is free from encumbrances
- (2) has legal power and lawful authority to convey the same;
- (3) warrants and will defend the title to the real estate against the lawful claims of all persons.

Executed: Feb 23 1987...

Albert A. Nelson, Jr.  
Albert A. Nelson, Jr.

Mary S. Nelson  
Mary S. Nelson

State of Nebraska

County of Clay.....

The foregoing instrument was acknowledged before me on Feb 27 1987.....  
by ALBERT A. NELSON, JR. and MARY S. NELSON, Husband and Wife,.....



John E. Sullivan  
Notary Public

STATE OF NEBRASKA  
County of CLAY.....

Filed for record and entered in Numerical Index on March 5, 1987.....  
at 9:45 o'clock A.M., and recorded in Deed Record ..... Page 725...

Janet Hajny-Clay County Clerk. By: Jane Kauscher  
Deputy County Clerk  
Register of Deeds or Deputy Register of Deeds

1987-00314

LOT SIXTY (60), ORIGINAL TOWN OF HARVARD, CLAY COUNTY, NEBRASKA.

FILED JUNE 20, 1994 AT 10:00 A.M. IN BOOK 36 OF MISC. ON PAGE 316.  
 JANET HAJNY, COUNTY CLERK, NANCY OVERTURF, DEPUTY CLERK.



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  
 SEP 27 1988  
 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

DECEDENT - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
1		Glen	Leroy	Payne	2 Male	3 September 19, 1988	
RACE - (e.g., White, Black, American Indian, etc.) (Specify)		ORIGIN/DESCENT (e.g., Italian, Mexican, German, etc.) (Specify)		AGE - Last Birthday (Yrs.)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.)
4 White		5 American		6a. 73	6b.	6c.	7 May 21, 1915
CITY AND STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		NAME OF SPOUSE (If wife, give maiden name)	
8 Amoret, Missouri		9 U.S.A.		10 Married		11 Lillian Glantz	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		COUNTY OF DEATH	
12 493-12-6307		13a Farm Owner		13b Farming		14a Hall	
CITY, TOWN OR LOCATION OF DEATH		INSIDE CITY LIMITS (Specify Yes or No)	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)		IF HOSP. OR INST. Indicate DOA, Outpatient/Emar. Inpatient (Specify)		
14b Grand Island, Ne.		14c Yes	14d Nebr. Vets Hospital		14e Inpatient		
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a Nebr.	15b Clay	15c Harvard		15d 512 N. Fillmore		15e Yes	
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST MIDDLE LAST
16		Adam	Frank	Payne	17		Laura Mae Withrow
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk) (If yes, give - yr and date of service)		INFORMANT - NAME - RELATIONSHIP - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
18 Yes April 1942 to Nov 1945		19 Lillian Payne-Wife- 512 N. Fillmore Harvard, NE		68944			
BURIAL, Cremation, Removal DATE		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE			
20a Burial		20b Sept. 23, 1988		20c Harvard Cemetery		20d Harvard, Nebraska	
EMBALMER - SIGNATURE & LICENSE NO.		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
21 Murray Wilson #2390		22 Alberding-Wilson Funeral Home Box 8 Harvard, NE					
DATE OF DEATH (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
23a September 19, 1988		23b September 23, 1988		23c 1:30 P M		23d	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		23d (Signature and Title)		24a PRONOUNCED DEAD (Mo., Day, Yr.)		24b PRONOUNCED DEAD (Hour)	
23d (Signature and Title)		24a (Signature and Title)		24c		24d	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print)							
25 Hugh J. Woods, M.D., VA Medical Center, 2201 N. Broadwell, Grand Island, NE 68803							
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)					
26a (Signature)		26b SEP 27 1988					
27 IMMEDIATE CAUSE PART I		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
(a) Pneumonia		DUE TO, OR AS A CONSEQUENCE OF:				3 Days	
(b) Cancer of lung with metastases		DUE TO, OR AS A CONSEQUENCE OF:				7 Months	
(c)						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related		PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS?		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	
II Organic brain syndrome		Yes ( ) No ( )		28 No		29 NO	
ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
30a		30b		30c M		30d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No CITY OR TOWN STATE	
30e		30f					

\$15.50 CHG AND RETURN TO BAIRD & GRIESS ATTY  
CLAY CENTER, NE. 68933

**DURABLE POWER OF ATTORNEY**

STATE OF NEBRASKA )  
 ) SS.  
COUNTY OF ADAMS )

State of Nebraska }  
Clay County } ss:

Received for record this 22  
day of JUNE A. D.  
19 94, at 9 o'clock and 30  
Minutes A M, and recorded in  
Book 36  
of MISC  
on Page 320  
JANET HAJNY

**KNOW ALL MEN BY THESE PRESENTS**, that I, **LILLIAN PAYNE**, of Hastings, Nebraska, do hereby make, constitute and appoint, **LEOTA JOHNSON** of 1022 N. Curtis, Grand Island, Nebraska, 68803, my true and lawful attorney in fact for me and in my name, place, and stead, and on my behalf, and for my use and benefit.

1. To arrange and contract for my personal health care needs, including but not limited to hospital and nursing home care and medical services from physicians, dentists and other health care providers; and to consent to all reasonable health care services. If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two (2) physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized, and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct my attorney-in-fact to withhold or withdraw such procedures and permit me to die naturally with only the administration of medications or the performance of any medical procedures deemed necessary to provide me with comfort, care or to alleviate pain.

Because I consider the administration of nutrition and hydration to be a life-sustaining procedure which artificially prolongs the dying process, I want nutrition or hydration withheld or withdrawn under the authority granted in this paragraph. In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family, my attorney-in-fact or guardian, if any, and my physician as a final expression of my legal right to refuse medical or surgical treatment and to accept the consequences from such refusal.

2. To ask, demand, sue for, recover and receive all manner of goods, chattels, debts, rents, interest, sums of money and demands whatsoever, due or hereafter to become due and owing, or belonging to me, and to make, give, and execute acquittances, receipts, releases, satisfactions or other discharges for the same, whether under seal or otherwise;

3. To make, execute, indorse, accept, and deliver in my name or in the name of my said attorney all checks, notes, drafts, warrants, acknowledgments, agreements and all other instruments in writing, of whatsoever nature, as to my said attorney in fact may seem necessary to conserve my interests;

Numerical	.....
Registration	.....
Recorded	.....
Compared	..... O+N
Gen. Grantor	..... O
Gen. Grantee	..... O
Plat Number	..... K
Return	..... O

4. To execute, acknowledge and deliver any and all contracts, deeds, leases, assignments of mortgage, extensions of mortgage, satisfactions of mortgage, releases of mortgage, subordination agreements, and any other instrument or agreement of any kind or nature whatsoever, in connection therewith, and affecting any and all property presently mine or hereafter acquired, located any where, which to my said attorney in fact may seem necessary or advantageous for my interests;

5. To enter into and take possession of any lands, real estate, tenements, houses, stores, or buildings, or parts thereof, belonging to me, that may become vacant or unoccupied, or to the possession of which I may be or may become entitled, and to receive and take for me and in my name and to my use all or any rents, profits, or issues of any real estate to me belonging, and to let the same in such manner as to my attorney shall seem necessary and proper, and from time to time to renew leases;

6. To commence, and prosecute in my behalf, any suits or actions or other legal or equitable proceedings for the recovery of any of my lands or for any goods, chattels, debts, duties, demand, cause or thing whatsoever, due or to become due or belonging to me, and to prosecute, maintain, and discontinue the same, if my attorney shall deem proper;

7. To take all steps and remedies necessary and proper for the conduct and management of my business affairs, and for the recovery, receiving, obtaining, and holding possession of any lands, tenements, rents or real estate, goods, and chattels, debts, interest, demands, duties, sum or sums of money or any other thing whatsoever, located anywhere, that is, are, or shall be, by my said attorney in fact, thought to be due, owing, belonging to or payable to me in my own right or otherwise;

8. To appear, answer and defend in all actions and suits whatsoever which shall be commenced against me and also for me and in my name to compromise, settle and adjust, with each and every person or persons, all actions, accounts, dues, and demands, subsisting or to subsist between me and them or any of the, and in such manner as my said attorney in fact shall think proper; hereby giving to my said attorney power and authority to do, execute, and perform and finish for me and in my name all those things which shall be expedient and necessary, or which my said attorney shall judge expedient and necessary in and about or concerning the premises, or any of the, as fully as I, the said **LILLIAN PAYNE**, could do if personally present, hereby ratifying and confirming whatever my said attorney shall do or cause to be done in, about or concerning the premises and any part thereof.

This instrument shall be construed as a **GENERAL POWER OF ATTORNEY**. The enumeration of specific items, rights, acts, or powers herein

LOT SIXTY (60), ORIGINAL TOWN OF HARVARD, CLAY COUNTY, NEBRASKA.

Reb:

shall not limit or restrict, and is not to be construed or interpreted as limiting or restricting, the general powers herein granted to said attorney in fact.

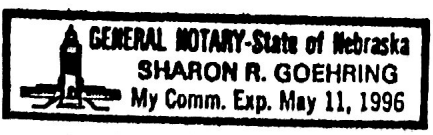
This instrument is a **DURABLE POWER TO ATTORNEY** as used in the Uniform Durable Power of Attorney Act, Sections 30-2664, et. seq., Revised Statutes of Nebraska 1943, Reissue 1989. **This power of attorney shall not be affected by subsequent disability or incapacity of the Grantor or principal.**

The rights, powers, and authority of said attorney in fact granted in this instrument shall commence and be in full force and effect upon signature and such rights, powers, and authority shall remain in full force and effect thereafter until I, **LILLIAN PAYNE**, give notice in writing that such power is terminated.

Dated this 10th day of May, 1993.

Lillian Payne  
**LILLIAN PAYNE**

**SUBSCRIBED** in my presence and sworn to before me the day and year last above written.



Sharon R. Goehring  
**NOTARY PUBLIC**

code



\$5.50 PD CK FILNG FEES  
\$66.50 PD CK DOC STAMPS  
RETURNED TO: CHARTER TITLE & ESCROW SERVICES, INC  
747 N BURLINGTON AVE, SUITE 208, HASTINGS, NE 68901

State of Nebraska } ss:  
Clay County }  
Received for record this 16  
day of SEPTEMBER A.D.  
20 03, at 10 o'clock and 45  
Minutes A M, and recorded in  
Book 120  
of DEEDS  
on Page 406  
DEBORAH KARNATZ  
County Clerk  
Danalee K Nelson  
2003-00294 Deputy

**NEBRASKA DOCUMENTARY  
STAMP TAX**  
Date SEPTEMBER 16, 2003  
\$ 66.50 By DANALEE K NELSON

### WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS THAT I or WE, William F. Colwell and Darlene D. Colwell, Husband and Wife, herein called the grantor whether one or more, in consideration of One Dollar and other valuable consideration received from grantee, do hereby grant, bargain, sell, convey and confirm unto Larry L. Colwell, a Single Person, herein called the grantee whether one or more, the following described real property in Clay County, Nebraska:

Lot 60, Original Town of Harvard, Clay County, Nebraska.

To have and to hold the above described premises together with all tenements, hereditaments, appurtenances and reservations 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 seized of said premises; that they are free from encumbrance **except covenants, easements and restrictions of record; all regular taxes and special assessments, except those levied or assessed subsequent to date hereof;** 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: 8/28/03

William F. Colwell  
William F. Colwell  
Darlene D. Colwell  
Darlene D. Colwell

STATE OF MISSOURI  
COUNTY OF ST FRANCOIS

The foregoing instrument was acknowledged before me this 28th day of AUGUST, 2003 by William F. Colwell and Darlene D. Colwell, Husband and Wife.

Paula L. Gettinger  
Notary Public

PAULA L. GETTINGER  
Notary Public - Notary Seal  
STATE OF MISSOURI  
St. Francois County  
My Commission Expires: April 15, 2007