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From, Chg. and Return to: Hanson, Hroch & Kuntz, Attys. 1331 Main Street Crete, NE 68333

Crete, NE 68333 Fee: \$ 11.50 Chg. STATE OF NEBRASKA ss 2009-00640
SALINE COUNTY
Entered in numerical index and filed on record, the 21 day of September 2009 at 3:10 o'clock PM. and recorded in Book 69 of Misc. Page 291-292

Things Hystauch
County Clerk

Please record against:

The East Half (E½) of the Northeast Quarter (NE¼) of Section Thirty-Four (34), Township Eight (8) North, Range Three (3), East of the 6th P.M., in Saline County, Nebraska;

The West Half (W½) of the Northeast Quarter (NE¼) and the North Half (N½) of the Northeast Quarter (NE¼) of the Southeast Quarter (SE¼), all in Section Thirty-Four (34), Township Eight (8) North, Range Three (3), East of the 6th P.M., in Saline County, Nebraska;

The East Half (E½) of the Northeast Quarter (NE¼) of Section Three (3), Township Seven (7) North, Range Three (3), East of the 6th P.M., in Saline County, Nebraska; and

The Northeast Quarter (NE¼) of Section Thirty-Six (36), Township Eight (8) North, Range Three (3), East of the 6th P.M., in Saline County, Nebraska, except for a tract of land, more particularly described as follows: Beginning at a point 733.0 feet East of the Northwest (NW) corner of said Northeast Quarter (NE¼), thence South 800.0 feet, thence West 99.0 feet, thence South 275.0 feet, thence East 175.0 feet, thence North 275.0 feet, thence East 484.0 feet, thence North 800.0 feet, thence West 583.0 feet to the place of beginning.

Please file, charge and return to:

Matthew Hanson 1331 Main Crete, NE 68333 STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF THE NEBRASKA DEPARTMENT OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

AUG 0 5 2009

LINCOLN, NEBRASKA

STANLEY S-COOPER TASSISTANTS TATE REGISTANT AND HUMAN SERVICES.

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Outbrown if pregnant 43 days to 1 year before death Unknown if pregnant within the past year 22a. DATE OF INJURY (Mo., Day, Yr.) 22b. TIME OF INJURY III 22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify) 22d. INJURY AT WORK? 22e. DESCRIBE HOW INJURY OCCURRED 22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO. CITY/TOWN STATE ZIP CO 23a. DATE OF DEATH (Mo., Day, Yr.) 23a. DATE OF DEATH (Mo., Day, Yr.) 23b. DATE SIGNED (Mo., Day, Yr.) 23c. TIME OF DEATH 24c. PRONOUNCED DEAD (Mo., Day, Yr.) 24d. TIME PRONOUNCED DEAD (Mo., Day, Yr.) 25d. To the best of my knowlysige, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 25d. To 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) 25d. To the Date of my knowlysige, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 25d. To the Date of my knowlysige, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 25d. To the Date of my knowlysige, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 25d. To the Date of my knowlysige, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 25d. To the Date of my knowlysige, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 25d. To the Date of my knowlysige, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 27d. Not Applicable If 25a is NO Print)			□ Suicio	de 🔲 Could n	ot be determine	a I			21		
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286. REGISTRAR'S SIGNATURE 286. DATE FILED BY REGISTRAR (Mo., Day AUG 4 2009			£4.11	17	A4.00			28			

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