

48

NEBRASKA DOCUMENTARY
STAMP TAX
Date 3-26-03
\$ 210.00 By *[Signature]*

**TRUSTEE'S DEED
(Inter Vivos Trust)**

FILED
2003 PAGE 2736
2003 MAR 26 AM 11:26
Carol Hivens
DODGE COUNTY
REGISTER OF DEEDS
COMPUTER INDEX FEE \$ 5.50

THE Grantor,

Edith A. Eschen, Trustee of the Eschen Family Trust of 1994, whether one or more, in consideration of One Dollar and other good and valuable consideration, receipt of which is hereby acknowledged, does hereby convey to

William O.C. Taylor and Patricia I. Taylor, husband and wife as joint tenants with right of survivorship, Grantee, the following described real estate in Dodge County, Nebraska:

The North one half of the Northwest Quarter of Section 4, Township 17 North, Range 7, East of the 6th P.M., in Dodge County, Nebraska.

Subject to easements and restrictions of record.

Grantor covenants with Grantee that Grantor:

- (1) is lawfully seized 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 title to the real estate against any acts of the GRANTOR.

Executed this 11th day of March, 2003

Edith A. Eschen

Edith A. Eschen, Trustee of the
Eschen Family Trust of 1994

STATE OF California
COUNTY OF Alameda

The foregoing instrument was acknowledged before me this 11th day of March, 2003 by Edith A. Eschen, Trustee of the Eschen Family Trust of 1994.

Notary Public, State and County aforesaid

Linda Dickieson

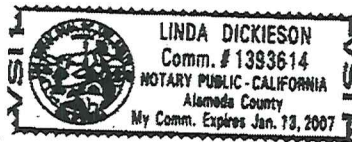
Notary Signature

Linda Dickieson

Notary Printed Signature

My commission expires:

Jan. 13, 2007





201700597

201700597

Carol Givens
Carol Givens

Register of Deeds
DODGE COUNTY, NE

Filed:
February 06, 2017 9:09:00 AM
Fee \$22.00

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

After recording please return to:

Rodney A. Johnson
Attorney at Law
P.O. Box 436
North Bend, NE 68649-0436

CERTIFIED DEATH CERTIFICATE FOR FILING WITH REFERENCE TO PREVIOUSLY RECORDED DEED FOR:

- | | | | |
|-------------------------------------|---------------|--------------------------|---|
| <input checked="" type="checkbox"/> | Joint Tenancy | <input type="checkbox"/> | Transfer on Death Deed |
| <input type="checkbox"/> | Life Estate | <input type="checkbox"/> | Quitclaim Deed to Trustees of Revocable Trust |

LEGAL DESCRIPTION FOR DEED(S) IDENTIFIED ABOVE:

SEE ATTACHED SCHEDULE "A"

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

07/06/2015

LINCOLN, NEBRASKA

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

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

15 24490

1. DECEDENT'S NAME (First, Middle, Last, Suffix) William Oliver Cromwell Taylor		2. SEX Male	3. DATE OF DEATH (Mo., Day, Yr.) June 20, 2015
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Fremont, Nebraska		5a. AGE-Last Birthday (Yrs.) 61	5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.
7. SOCIAL SECURITY NUMBER 506-72-2827		8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
8b. FACILITY NAME (If not institution, give street and number) 2056 Co Rd 13		8c. COUNTY OF DEATH Dodge	
8c. CITY OR TOWN OF DEATH (Include Zip Code) Ames 68621		9a. RESIDENCE-STATE NE	
9b. COUNTY Dodge		9c. CITY OR TOWN Ames	
9d. STREET AND NUMBER 2056 Co Rd 13		9e. APT. NO.	9f. ZIP CODE 68621
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. Patricia Dunker	
11. FATHER'S NAME (First, Middle, Last, Suffix) Ralph Taylor		12. MOTHER'S NAME (First, Middle, Maiden Surname) Maxine Emmons	
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. No		14a. INFORMANT-NAME Patricia Taylor	
14b. RELATIONSHIP TO DECEDENT Wife		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)	
15a. FUNERAL HOME SIGNATURE <i>Michael Ewing</i>		16. LICENSE NO. 1146	
16a. CEMETERY, CREMATORY OR OTHER LOCATION Memorial Cemetery		16b. CITY/TOWN STATE Fremont NE	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Moser Memorial Chapel, 1040 North Main, North Bend, NE		17b. Zip Code 68649	
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: (a) <i>Pancreatic Cancer</i>			onset to death 5 months.
IMMEDIATE CAUSE (Final disease or condition resulting in death) (b)			onset to death
Sequitally list conditions, if any, leading to the cause listed on line a. (c)			onset to death
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in 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.			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		21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
22a. DATE OF INJURY (Mo., Day, Yr.)	22b. TIME OF INJURY m	22c. PLACE OF INJURY—At home, farm, street, factory, office building, construction site, etc. (Specify)	
22d. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" 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.) June 20, 2015		23b. TIME OF DEATH 4:25 am	
23c. DATE SIGNED (Mo., Day, Yr.) 6-22-2015		23d. TIME PRONOUNCED DEAD m	
23e. 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>JMA</i>		23f. 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		26. WAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Thomas A. McKnight MD 350 W. 23rd St Fremont NE		28. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUL 1 2015	
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>		28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)	

SCHEDULE "A"

The S 1/2 NE 1/4; the E 1/2 E 1/2 NW 1/4 NE 1/4;
and the NE 1/4 NE 1/4 of Section 1, Township 17 North,
Range 6 East of the 6th P.M., Dodge County, Nebraska

The S 1/2 SE 1/4 of Section 36, Township 18 North, Range 6 East
of the 6th P.M., Dodge County, Nebraska

The NW 1/4 and Tax Lot 5, all in Section 6, Township 17 North,
Range 7 East of the 6th P.M., Dodge County, Nebraska

The SW 1/4, Tax Lot 23 and Tax Lot 22, all in Section 9, Township 17 North,
Range 7 East of the 6th P.M., Dodge County, Nebraska

Tax Lot 6 in Section 8, Township 17 North, Range 7 East
of the 6th P.M., Dodge County, Nebraska

Tax Lot 5 in Section 5, Township 17 North, Range 7 East of the 6th P.M.,
Dodge County, Nebraska

Tax Lot 10 in Section 7, Township 17 North, Range 7 East
and Tax Lot 12 in Section 12, Township 17 North, Range 6 East,
all in the 6th P.M., Dodge County, Nebraska

The NE 1/4 SW 1/4 and the NW 1/4 of Section 5, Township 17 North,
Range 7 East of the 6th P.M., Dodge County, Nebraska

The N 1/2 NW 1/4 in Section 4, Township 17 North, Range 7 East
of the 6th P.M., Dodge County, Nebraska