

(12)

File 15.50  
Index /  
Compare /  
Computer /

FILED  
BOOK 239 PAGE 521

0205

95 JAN 11 PH 2: 11

*Carol Skivana*  
REGISTER OF DEEDS  
DODGE COUNTY, NE

## SURVIVORSHIP WARRANTY DEED

### KNOW ALL MEN BY THESE PRESENTS THAT

Rita O'Hare, single, and Michelle Annette, single, herein called the grantor whether one or more, in consideration of One Dollar and other valuable consideration received from grantees, do hereby grant, bargain, sell, convey and confirm unto

William O.C. Taylor and Patricia I. Taylor, husband and wife, as joint tenants with right of survivorship, and not as tenants in common, the following described real property in Dodge County, Nebraska:

The Northeast Quarter of the Northeast Quarter and the East half of the East half of the Northwest Quarter of the Northeast Quarter of Section 1, Township 17 North, Range 6 East of the 6th P.M., in Dodge County, Nebraska.

NEBRASKA DOCUMENTARY  
STAMP TAX  
Date 1-11-95  
\$ 91.00 By mw

To have and to hold the above described premises together with all tenements, hereditaments and appurtenances thereto belonging unto the grantees and to their assigns, or to the heirs and assigns of the survivor of them forever. And the grantor does hereby covenant with the grantees and with their assigns and with the heirs and assigns of the survivor of them 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.

It is the intention of all parties hereto that in the event of the death of either of the grantees, the entire fee simple title to the real estate shall vest in the surviving grantee.

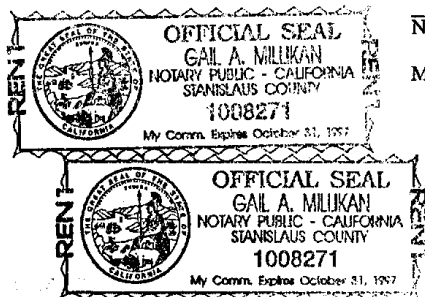
Dated: January 7, 1995

*Rita J. O'Hare*  
Rita J. O'Hare

*Michelle Annette*  
Michelle Annette

*California*  
STATE OF ~~NEBRASKA~~  
COUNTY OF ~~DODGE~~ *Stanislaus*

The foregoing instrument was acknowledged before me on this 7th day of January, 19 95 by Rita J. O'Hare, single and Michelle Annette, single.



*Gail A. Millikan*  
NOTARY PUBLIC  
My Commission Expires: Oct 31, 1997  
(see attached notary form)  
*for California also.*

(B)

0206

FILED  
BOOK 239 PAGE 522  
95 JAN 11 PM 2:16  
*Carol Mirona*  
REGISTER OF DEEDS  
DODGE COUNTY, NE

INDEX ✓ 5.50  
m. INDEX ✓  
COMPASS ✓  
COURT ✓

## SURVIVORSHIP WARRANTY DEED

### KNOW ALL MEN BY THESE PRESENTS THAT

John J. O'Hare and Patricia O'Hare, husband and wife, herein called the grantor whether one or more, in consideration of One Dollar and other valuable consideration received from grantees, do hereby grant, bargain, sell, convey and confirm unto

William O.C. Taylor and Patricia I. Taylor, husband and wife, as joint tenants with right of survivorship, and not as tenants in common, the following described real property in Dodge County, Nebraska:

The Northeast Quarter of the Northeast Quarter and the East half of the East half of the Northwest Quarter of the Northeast Quarter of Section 1, Township 17 North, Range 6 East of the 6th P.M., in Dodge County, Nebraska.

NEBRASKA DOCUMENTARY  
STAMP TAX  
Date 1-11-95  
\$ E.4 By rmw

To have and to hold the above described premises together with all tenements, hereditaments and appurtenances thereto belonging unto the grantees and to their assigns, or to the heirs and assigns of the survivor of them forever. And the grantor does hereby covenant with the grantees and with their assigns and with the heirs and assigns of the survivor of them 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.

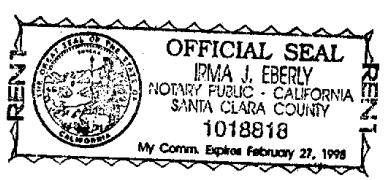
It is the intention of all parties hereto that in the event of the death of either of the grantees, the entire fee simple title to the real estate shall vest in the surviving grantee.

Dated: 1-7-95

*John J. O'Hare*  
John J. O'Hare  
*Patricia O'Hare*  
Patricia O'Hare

STATE OF NEBRASKA  
COUNTY OF DODGE

The foregoing instrument was acknowledged before me on this 7<sup>th</sup> day of January, 19 95 by John J. O'Hare and Patricia O'Hare, husband and wife.



*Irma J. Eberly*  
NOTARY PUBLIC  
My Commission Expires: 2-27-98



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		8. DATE OF BIRTH (Mo., Day, Yr.) March 20, 1954	
8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA 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. COUNTY OF DEATH Dodge	
9a. RESIDENCE-STATE NE		9b. CITY OR TOWN Dodge	9c. CITY OR TOWN Ames
9d. STREET AND NUMBER 2056 Co Rd 13		9e. APT. NO.	9f. ZIP CODE 68621
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. (Yes, no, or unk.) No		14a. INFORMANT NAME Patricia Taylor	
14b. RELATIONSHIP TO DECEDENT Wife		15. DATE (Mo., Day, Yr.) June 24, 2015	
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. LICENSE NO. 1146	
16b. EMBALMER-SIGNATURE <i>Michael Ewing</i>		16c. CITY/TOWN Fremont	
16d. CEMETERY, CREMATORY OR OTHER LOCATION Memorial Cemetery		16e. STATE 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.			
IMMEDIATE CAUSE: (a) <i>Pancreatic Cancer</i>		APPROXIMATE INTERVAL onset to death 5 months	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (b) DUE TO, OR AS A CONSEQUENCE OF:		onset to death	
Sequentially list conditions, if any, leading to the cause listed on line a. (c) Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (d) DUE TO, OR AS A CONSEQUENCE OF:		onset to death	
19. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to the death but not resulting in the underlying cause given in PART I.			
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.		22g. CITY/TOWN	
22h. STATE		22i. 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 OF DEATH 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>Thomas A. McKnight MD</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) <i>Stanley S. Cooper</i>	
24a. DATE SIGNED (Mo., Day, Yr.)		24b. TIME OF DEATH m	
24c. PRONOUNCED DEAD (Mo., Day, Yr.)		24d. TIME PRONOUNCED DEAD m	
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 type="checkbox"/> YES <input checked="" 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) Thomas A. McKnight MD 350 W. 23rd St Fremont NE			
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>		28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUL 1 2015	

## **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**