

PERSONAL REPRESENTATIVE'S JOINT TENANCY DEED
(Pursuant to Power of Sale in Will)

MARILYN J. WILSON,

Personal Representative of the Estate of

JOSEPH A. ANDERSON, ----- Deceased, GRANTOR.

pursuant to authority given by the Will of the Deceased, in consideration of ----- ONE DOLLAR

AND OTHER VALUABLE CONSIDERATION -----DOLLARS received from GRANTEEES.

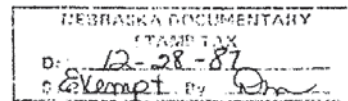
DALE G. ANDERSON and RUTH ANDERSON, husband and wife,

conveys to GRANTEEES, as joint tenants and not as tenants in common, the following described real estate (as defined in Neb. Rev. Stat. 76-201):

The S1/2 SW1/4, Section 15, Township 29 North, Range 4,
East of the 6th P.M., Dixon County, Nebraska and containing
80 acres, more or less;

-and-

The SW1/4 NW1/4, Section 22, Township 29 North, Range 4,
East of the 6th P.M., Dixon County, Nebraska and containing
40 acres, more or less;



subject to easements and restrictions of record.

GRANTOR covenants with GRANTEEES that GRANTOR has legal power and lawful authority to convey the same.

Executed December 22, 19 87 .

ESTATE OF ... JOSEPH A. ANDERSON, DECEASED.

By *Marilyn J. Wilson*
Personal Representative
MARILYN J. WILSON

STATE OF NEBRASKA)

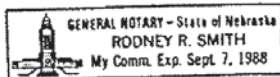
) SS.

COUNTY OF DAKOTA)

The foregoing instrument was acknowledged before me on December 22, 19 87 .

by MARILYN J. WILSON , Personal Representative of the Estate of

..... JOSEPH A. ANDERSON , Deceased.



..... *Rodney R. Smith*
Notary Public
My commission expires September 7, 1988

2740
STATE OF NEBRASKA, County of Dixon

Filed for record and entered in Numerical Index on Dec 28, 1987 at 10:40 o'clock A. M., and
recorded in Deed Record 78 Page 108.

Ad.
600
R. Smith & Boyd.
2601 Danetadale
Box 99, So. Sioux City, Neb.
NSBA Form 1.18
Rev. 12-79
6876
Copyright © 1979 Nebraska State Bar Association

Jeff Taylor by Diane Mohn
County or Deputy County Clerk
Register or Deputy Register of Deeds Deputy

PERSONAL REPRESENTATIVE'S
JOINT TENANCY DEED
(Pursuant to Power of Sale in Will)

PAGE 1 of 1 PAGE

2192
 State of Nebraska ss Filed for Record Nov 29 1989 11:35 A.M.
 County of Dixon ss of Mark R. 72 Jeff Taylor by Diane Mohr
 Recorded in Book 30 of 1989 Deputy

A F F I D A V I T

STATE OF NEBRASKA)
) SS.
 COUNTY OF DAKOTA)

DALE G. ANDERSON, of lawful age, being first duly sworn upon oath, deposes and says:

1. That he and his wife, RUTH E. ANDERSON, owned the following described real estate, to-wit:

The S1/2 SW1/4, Section 15, Township 29 North, Range 4, East of the 6th P.M., Dixon County, Nebraska and containing 80 acres, more or less;

-and-

The SW1/4 NW1/4, Section 22, Township 29 North, Range 4, East of the 6th P.M., Dixon County, Nebraska and containing 40 acres, more or less;

in joint tenancy with right of survivorship by virtue of the survivorship Warranty Deed dated December 22, 1987 and filed for record and recorded on December 28, 1987 in Deed Record Book 78, page 108 of the real estate records of Dixon County, Nebraska.

2. That the said RUTH E. ANDERSON died on July 27, 1989; and that a certified copy of the Certificate of Death, issued by the Department of Health, State of Iowa, is attached hereto and made a part hereof by this reference.

3. That title to the above described real estate passed to DALE G. ANDERSON as the surviving joint tenant by right of survivorship upon the death of RUTH E. ANDERSON.

Charg. & At Wayne C. Boyle P.C.
 16⁰⁰ PO Box 99
 Sioux Falls SD 57105 68776

4. That this Affiant and RUTH E. ANDERSON were husband and wife.

5. That the above described real estate passed from Decedent to Affiant as her surviving spouse without being subject to the lien for Inheritance Tax pursuant to Section 77-2003, R.R.S., Nebraska, 1943, as amended.

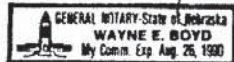
6. That the interest in the above described real estate passing to Affiant is not subject to Inheritance Tax pursuant to the provisions of Section 77-2004, R.R.S., Nebraska, 1943, as amended.

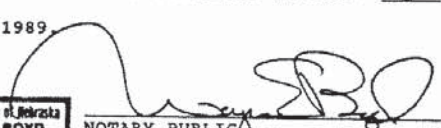
7. That the total value of Decedent's estate is less than \$150,000.00 and is not subject to Federal Estate Tax.

FURTHER AFFIANT SAYETH NOT.


DALE G. ANDERSON

SUBSCRIBED in my presence and sworn to before me this 22nd
day of NOVEMBER, 1989.




NOTARY PUBLIC

74

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
114-
CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK FOR STATE OF IOWA SEE MANUAL BOOK		BIRTH NUMBER		FIRST		MIDDLE		LAST		DATE OF DEATH (Mo., Day, Yr.)	
1		NAME		Ruth		Elsie		ANDERSON		2. July 27, 1989	
3		SEX		AGE LAST BIRTHDAY		LENGTH YEARS		LENGTH DAYS		DATE OF BIRTH (Mo., Day, Yr.)	
3		female		55		14		25		5 November 4, 1933	
4		CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH		INSIDE CITY LIMITS	
4		St. Lukes Medical Center		10		Sloux City		10		y68	
5		FACILITY NAME (If not institution, give street and number)		PLACE OF DEATH (Check only one)		CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH		INSIDE CITY LIMITS	
5		St. Lukes Medical Center		10		Sloux City		10		y68	
6		WAS DECEDENT OF IOWA ORIGIN?		DECEDENT'S EDUCATION (Specify only highest grade completed)		CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH		INSIDE CITY LIMITS	
6		YES		Elementary/Secondary (10-12)		College (14 or 16)		12th grade		12th grade	
7		BIRTHPLACE		CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED		WIDOWED DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
7		Sloux City, Iowa		U.S. A.		12		12		Dale G. Anderson	
8		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED SERVICES? (Specify yes or no)		INSIDE CITY LIMITS	
8		481-32-7346		Hostess		Bishop Cafeteria		NO		12th grade	
9		RESIDENCE STATE		CITY, TOWN OR LOCATION		STREET AND NUMBER OF RESIDENCE		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS	
9		Nebraska		10		317 112 East 16th		10		y68	
10		FATHER'S NAME		MOTHER'S NAME		FATHER'S NAME		MOTHER'S NAME		INSIDE CITY LIMITS	
10		Carl		Bonnie		Carl		Bonnie		y68	
11		INFORMANT'S NAME		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		CITY, TOWN OR LOCATION		COUNTY OF DEATH		INSIDE CITY LIMITS	
11		Dale G. Anderson-husband		317 112 East 16th Street South Sloux City, Nebraska 68776		10		10		y68	
12		METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of Cemetery, Crematory or other place)		LOCATION (City or Town, State)		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS	
12		Burial		Community Cemetery		Concord, Nebraska		10		y68	
13		FUNERAL DIRECTOR'S SIGNATURE		DATE RECEIVED BY REGISTRAR		CITY, TOWN OR LOCATION		COUNTY OF DEATH		INSIDE CITY LIMITS	
13		Becker - Hunt Funeral Home		8/15/89		10		10		y68	
14		MANNER OF DEATH		DATE OF DEATH		HOUR OF DEATH		CITY, TOWN OR LOCATION		COUNTY OF DEATH	
14		Natural		7/27/89		8:19 p.m.		10		10	
15		PLACE OF DEATH		CITY, TOWN OR LOCATION		COUNTY OF DEATH		INSIDE CITY LIMITS		INSIDE CITY LIMITS	
15		Sloux City, Iowa		10		10		10		y68	
16		NAME AND TITLE OF ATTENDING PHYSICIAN (If other than certifier, type Print)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		CITY, TOWN OR LOCATION		COUNTY OF DEATH	
16		Donald B. Wender, M.D.		8-11-89		8:19 p.m.		10		10	
17		NAME AND ADDRESS OF CERTIFIER (Physician or Medical Examiners (Type Print))		CITY, TOWN OR LOCATION		COUNTY OF DEATH		INSIDE CITY LIMITS		INSIDE CITY LIMITS	
17		Donald B. Wender, M.D.		1502 Pierce St.		Sloux City, IA 51105		10		10	
18		PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.		IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		CITY, TOWN OR LOCATION		COUNTY OF DEATH	
18		Myocardial infarction		DUE TO IOR AS A CONSEQUENCE OF:		DUE TO IOR AS A CONSEQUENCE OF:		DUE TO IOR AS A CONSEQUENCE OF:		DUE TO IOR AS A CONSEQUENCE OF:	
19		PART II: Enter the diseases, injuries, or complications that contributed to death but not resulting in the underlying causes given in Part I.		b. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 12 MONTHS?		AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
19		1. Acute Renal Failure		NO		NO		NO		NO	
20		2. Severe Peripheral vascular disease									
21		3. Myeloproliferative Disorder									

(F4-500-001)
Revised - 1/89
(5)

CERTIFICATE
I, CHANG JORGENSEN, Clerk of the District Court of the State of Iowa, do hereby certify that this is a true and correct copy of the original instrument filed in this court.
At Testimony, before me, I, Chang Jorgensen, Clerk of the District Court of the State of Iowa, do hereby certify that this is a true and correct copy of the original instrument filed in this court.
CHANG JORGENSEN
Clerk of the District Court