

STATE OF NEBRASKA, County of _____:

Filed for record and entered in Numerical Index
on _____ at _____ o'clock _____ M.,
and recorded in Deed Record _____, Page _____
_____ By _____

County Clerk or
Register of Deeds

Deputy County Clerk or
Deputy Register of Deeds

WARRANTY DEED

T. R. LONG and OSCO LONG, husband and wife, joint tenants with right of survivorship, herein called the grantor whether one or more, in consideration of One Dollar (\$1.00) and other valuable consideration received from grantee, does grant, bargain, sell, convey and confirm unto PHYLLIS JOHNSON the following described real estate in Lancaster County, Nebraska:

Northwest Quarter (NW 1/4) of Section
Eight (8), Township Eleven (11), Range
Five (5), East of the 6th p.m., Lancaster
County, Nebraska,

subject to a life estate in grantor and each of them and subject to grantee paying to grantor and his or her survivors, the sum of Two Thousand Dollars (\$2,000.00) annually on November 1st of each year and subject also to grantee paying taxes before delinquent. Said payments shall continue until both grantors are deceased, at which time said life estates shall terminate. This conveyance is also subject to all easements, restrictions and right of ways of record.

To have and to hold the above described premises together with all tenements, hereditaments and appurtenances 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 seised of said premises; that they are free from encumbrance except as herein stated that grantor has good right and lawful authority to convey the same;

Exempt #5 M.B.

and that grantor warrants and will defend the title to said premises against the lawful claims of all persons whomsoever.

Dated March 13, 1972.

T. R. LONG *T. R. Long*

OSCO LONG *Osco Long*

STATE OF NEBRASKA, County of Lancaster:

Before me, a notary public qualified for said county, personally came T. R. LONG and OSCO LONG known to me to be the identical person or persons who signed the foregoing instrument and acknowledged the execution thereof to be his, her or their voluntary act and deed.

Witness my hand and notarial seal on 3-13-72

Notary Public *Bernice B. Lewis*

My commission expires 6-13, 19 72

INDEXED
MICRO-FILED
GENERAL

2 1/2 - 237
X

LANCASTER COUNTY NEBR.
Kenneth A. Peterson
REGISTER OF DEEDS

APR 19 2 46 PM '72

ENTERED IN
NUMERICAL INDEX.
FILED FOR RECORD AS:

INST. NO. 72-

6440

\$3.25

Darryl D. Johnson
Notary Public

NC 114 11-11-5

\$5.50

REGISTER OF DEEDS

INST. NO 99

1999 MAR 26 A 11:17

017043

BLOCK

CODE

CHECKED

ENTERED

EDITED

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

FEB 26 1999

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR

HEALTH AND HUMAN SERVICES SYSTEM
STATE OF NEBRASKA- DEPARTMENT OF HEALTH AND HUMAN SERVICES, FINANCE AND SUPPORT
VITAL STATISTICS

CERTIFICATE OF DEATH

1. DECEDENT - NAME FIRST: Osc MIDDLE: L. LAST: Long			2. SEX: Female	3. DATE OF DEATH (Month, Day, Year) February 22, 1999	
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country) Burwell, Nebraska		5a. AGE - Last Birthday (Yr.) 90	5b. UNDER 1 YEAR MOS: _____ DAYS: _____	5c. UNDER 1 DAY HOURS: _____ MINS: _____	6. DATE OF BIRTH (Month, Day, Year) September 26, 1908
7. SOCIAL SECURITY NUMBER 508-28-6683		8a. PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> ER Outpatient <input type="checkbox"/> Residence <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify) _____			
8b. FACILITY - Name (If not institution, give street and number) BryanLGH Medical Center East		8c. CITY, TOWN OR LOCATION OF DEATH Lincoln		8d. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8e. RESIDENCE - STATE Nebraska		8f. COUNTY Lancaster		8g. CITY, TOWN OR LOCATION (including Zip Code) Raymond 12909 N W 70th 68428	
8h. INSIDE CITY LIMITS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
10. RACE - (e.g., White, Black, American Indian, etc.) (Specify) White		11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) Irish		12. MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
13. NAME OF SPOUSE (If wife, give maiden name) Theodore Long		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper			
14b. KIND OF BUSINESS INDUSTRY Construction Company		15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (1-12) 12 College (1-4 or 5-)			
16. FATHER - NAME FIRST: James MIDDLE: _____ LAST: Douthit			17. MOTHER - FIRST: Edna MIDDLE: _____ MAIDEN SURNAME: McMullin		
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		19a. INFORMANT - NAME Phyllis Johnson			
19b. INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 12303 W Mill Rd. Malcolm, Nebraska 68402					
20. EMBALMER - SIGNATURE & LICENSE NO. <i>Dean Schreiber 1226</i>		21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		21b. DATE Febr. 25, 1999	
22a. FUNERAL HOME - NAME Roper & Sons, Inc.		21c. CEMETERY OR CREMATORY - NAME Fairview Cemetery			
22b. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 4300 'O' Street Lincoln, Nebraska 68510-1791		21d. CEMETERY OR CREMATORY LOCATION Lincoln Nebraska			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Pneumonia Interval between onset and death days.					
PART II (b) _____ Interval between onset and death _____					
PART III (c) _____ Interval between onset and death _____					
24. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the cause of death				24. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
25. PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
26a. Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Investigation <input type="checkbox"/>		26b. DATE OF INJURY (Mo., Day, Yr.)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>			
26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION STREET OR R.F.D. NO., CITY OR TOWN, STATE			
27a. DATE OF DEATH (Mo., Day, Yr.) 2-22-99		27b. DATE SIGNED (Mo., Day, Yr.) 2-24-99		27c. TIME OF DEATH 1350	
27d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>Kenneth J. Cheloha</i>		27e. 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.			
29. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		30a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		30b. WAS CONSENT GRANTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Kenneth J. Cheloha, MD 2222 So. 16th St. #A300 Lincoln, NE 68502					
32a. REGISTRAR <i>[Signature]</i>				32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) FEB 26 1999	

Return to:
Phyllis Johnson
12303 West Mill Rd.
P.O. Box 150
Malcolm, NE 68402

NEBRASKA DOCUMENTARY
STAMP TAX

APR 15 1999

Phyllis L. Johnson
REGISTER OF DEEDS
1999 APR 15 P 1:24

\$5.50

INST. NO 99

021172

BLOCK

CODE

CHECKED

ENTERED

EDITED

\$ X5 BY [Signature]

QUITCLAIM DEED

Phyllis L. Johnson, Grantor, whether one or more,

in consideration of 1.00

, receipt of which is hereby acknowledged, quitclaims and

conveys to *Harry C & Phyllis L. Johnson*, Grantee,

the following described real estate (as defined in Neb. Rev. Stat. 76-201) in Lancaster 55
County, Nebraska:

NW 8 11 5
12303 W Mill Rd.
Malcolm, Ne

Executed: 4-15-99
Date

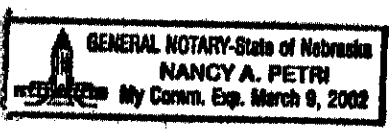
.....
Phyllis L. Johnson
Harry C. Johnson
.....

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me on 4-15-99
by *Phyllis Johnson*
Nancy A. Petri

STATE OF NEBRASKA
County of Lancaster

Filed for record and entered in Numerical Index on
at o'clock M., and recorded in Book , Page



By:
County or Deputy County Clerk
Register of Deeds or Deputy Register of Deeds
Phyllis L. Johnson
Malcolm, NE 68402



04025572

2004 APR 26 AM 11:13

LANCASTER COUNTY, NE

INST. NO 2004

025572

BLOCK

CODE

CHECKED

ENTERED

EDITED

NW 1/4 8-11-5 and NE 1/4 11-11-5

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE 2/18/2004 LINCOLN, NEBRASKA

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

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT VITAL STATISTICS

CERTIFICATE OF DEATH

04 01713

Form with fields for Decedent Name (Harry C. Johnson), Sex (Male), Date of Death (February 5, 2004), City and State of Birth (Waverly, Nebraska), Date of Birth (February 12, 1926), Social Security Number (727-09-2136), Facility Name (BryanLGH Medical Center East), City of Death (Lincoln), County (Lancaster), Residence (Malcolm, Nebraska), Race (White), Ancestry (Swedish), Occupation (Farmer), Education (12), Spouse (Phyllis Long), Informant (Phyllis Johnson), Funeral Home (Roper & Sons, Inc.), Cause of Death (Pneumonia, Severe Emphysema, Cor Pulmonale), and Certifier (John H. Rudersdorf, M.D.).

Phyllis Johnson 12303 W. Mill Rd Malcolm, NE 68402 mail



Return to: John C. Hurd, Attorney at Law
1248 O Street, Suite 800
Lincoln, NE 68508

DEED OF DISTRIBUTION BY PERSONAL REPRESENTATIVE

Phyllis L. Johnson, Personal Representative of the Estate of Harry C. Johnson, Deceased, pursuant to appointment by the County Court of Lancaster County, Nebraska, GRANTOR, conveys and releases to Phyllis L. Johnson, GRANTEE, the following described real estate (as defined in Nebraska Revised Statutes Section 76-201):

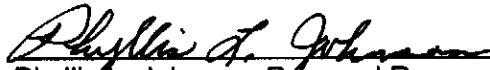
An undivided 17.4% interest in the Northeast Quarter (NE1/4) of Section Eleven (11), Township Eleven (11) North, Range Five (5) East of the 6th P.M., Lancaster County, Nebraska; and

An undivided 17.4% interest in the Northwest Quarter (NW1/4) of Section Eight (8), Township Eleven (11) North, Range Five (5) East of the 6th P.M., Lancaster County, Nebraska;

subject to easements and restrictions of record.

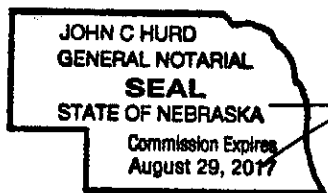
GRANTOR has determined that the GRANTEE is the person entitled to distribution of the real estate from said estate. GRANTOR covenants with GRANTEE that GRANTOR has legal power and lawful authority to convey and release the same.

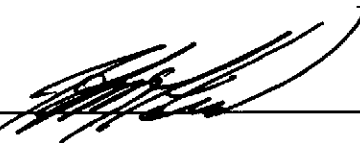
Executed December 16, 2014.


Phyllis L. Johnson, Personal Representative of
the Estate of Harry C. Johnson, Deceased

STATE OF NEBRASKA)
) ss.
COUNTY OF LANCASTER)

The foregoing instrument was acknowledged before me on December 16, 2014, by Phyllis L. Johnson, Personal Representative of the Estate of Harry c. Johnson, Deceased.



 _____, Notary Public

Chg W/val 6/10/20