

Deed Record No. 101

Cass County

LUDY PRINTING CO., WARD, NEBRASKA

(MAXINE BERKEYBILE) Maxine Berkeybile Notary Public.
 (NOTARIAL SEAL)
 (COMMISSION EXPIRES)
 (SEPT. 24, 1967) My Commission expires the 24th day of September, 1967
 (LANCASTER COUNTY, NEBRASKA)

 WARRANTY DEED Filed March 11, 1964 at 8:17 A.M.
 Laura V. Hollenbeck to (COMPACT) Lucille Horn Gaines
 The State of Nebraska Register of Deeds
 \$3.15 ✓

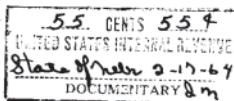
F-256 (7) R-255b Tract 10

KNOW ALL MEN BY THESE PRESENTS:

THAT I, Laura V. Hollenbeck, a widow of the County of Cass and State of Nebraska for and in consideration of the sum of----Two Hundred Eleven and 75/100---(\$211.75)---DOLLARS in hand paid do hereby grant, bargain, sell, convey and confirm unto THE STATE OF NEBRASKA the following described real estate situated in Cass County, and State of Nebraska, to-wit:

A tract of land located in the East Half of the Southeast Quarter of Section 23, Township 10 North, Range 10 East of the 6th P.M., Cass County, Nebraska, described as follows:

Beginning at the southeast corner of said Section 23; thence westerly on the South line of the East Half of the Southeast Quarter of said Section 23 a distance of 1,319.5 feet to the southwest corner of said East Half of the Southeast Quarter; thence northerly on the West line of said East Half of the Southeast Quarter a distance of 59.7 feet; thence easterly a distance of 1,319.5 feet to a point on the East line of said East Half of the Southeast Quarter; thence southerly on said East line a distance of 59.0 feet to the point of beginning, containing 1.79 acres, more or less, which includes 1.02 acres, more or less, previously occupied as a public highway, the remaining 0.77 acre, more or less, being the additional acreage hereby secured.



TO HAVE AND TO HOLD the premises above described, together with all the Tenements, hereditaments and Appurtenances thereunto belonging, unto the said The State of Nebraska and to its successors and assigns forever.

And I do hereby covenant with the said Grantee and with its successors and assigns that I am lawfully seized of said premises; that they are free from encumbrance that I have good right and lawful authority to sell the same; and I do hereby covenant to warrant and defend the title to said premises against the lawful claims of all persons whomsoever.

And the said Laura V. Hollenbeck hereby relinquishes all her rights of every name and kind in and to the above described premises.

Signed this 13 day of January A.D. 1964.

In Presence of

X Laura V. Hollenbeck

STATE OF Nebraska)
) ss.
 Cass County)

On this 13 day of January, A.D. 1964, before me, the undersigned Dwight L. Clements a

DEED RECORD

No. 135-12835
Warranty Deed—Joint Tenancy—Vesting Entire Title in Survivor—(Huffman Title in Survivor—No. 103½ Revised 3-55)—Containing 376 Printed Words

FROM
 Darline B. Erikson et vir
 TO
 Darline B. Erikson et al
 COMPARED
 \$3.35
 Lucille Horn Gaines
 County-Clerk—Register of Deeds.
 Deputy.
 Entered in Numerical Index and filed for record in the office of
 ss. Cass COUNTY
 Register of Deeds of said County, the 26
 day of
 February, 1965, at 10 o'clock and 10 minutes, A. M.,
 and recorded in Book 100 of Deeds, page 632

KNOW ALL MEN BY THESE PRESENTS, That Darline B. Erikson and Donzel L. Erikson, husband and wife

in consideration of ----- ONE AND 00/100 ----- DOLLARS

in hand paid, do hereby grant, bargain, sell, convey and confirm unto Darline B. Erikson and Donzel L. Erikson

as JOINT TENANTS, and not as tenants in common; the following described real estate, situated in the County of Cass

and State of Nebraska, to-wit:
 The East One-Half (E 1/2 of the Southeast quarter (SE 1/4) of Section
 23, in Township 10 North, Range 10, East of the 6th P.M., Cass County, Nebraska.
 Lot 5, Block 23, in the Village of Elmwood, Cass County, Nebraska

together with all the tenements, hereditaments and appurtenances to the same belonging, and all the estate, title, dower, right of homestead, claim or demand
 whatsoever of the said grantor, of, in or to the same, or any part thereof, subject to
 encumbrances of record.
 IT BEING THE INTENTION OF ALL PARTIES HERETO, THAT IN THE EVENT OF THE DEATH OF EITHER OF
 SAID GRANTEE, THE ENTIRE FEE SIMPLE TITLE TO THE REAL ESTATE DESCRIBED HEREIN SHALL VEST IN
 THE SURVIVING GRANTEE.
 TO HAVE AND TO HOLD the above described premises, with the appurtenances, unto the said grantees as JOINT TENANTS, and not as
 tenants in common, and to their assigns, or to the heirs and assigns of the survivor of them, forever, and
 the grantor s
 named herein
 for themselves and their heirs, executors, and administrators, do covenant with the grantees named herein and with their assigns and
 with the heirs and assigns of the survivor of them, that
 lawfully seized of said premises; that they are free from incumbrance except as stated
 herein, and that
 the said grantor s
 have good right and lawful authority to sell the same, and that they
 and their heirs, executors and administrators shall warrant and defend the grantees named herein and unto their assigns and unto
 the heirs and assigns of the survivor of them, forever, against the lawful claims of all persons whomsoever, excluding the exceptions named herein.

IN WITNESS WHEREOF
 January 20th 1965,
 In presence of
 Darline B. Erikson
 Donzel L. Erikson
 Donzel L. Erikson

STATE OF Nebraska
 Douglas County, ss. me, the undersigned, a Notary Public, duly commissioned and qualified for
 On this 20th day of January A.D. 1965, before

acknowledged the execution thereof to be the identical persons whose names appear on their voluntary act and deed.
 (JOHN A. SWINGHOJIM
 GENERAL NOTARY
 (COMMISSION EXPIRES
 (SEPT. 16, 1968
 (STATE OF NEBRASKA
 My commission expires the 16 day of Sept. 1968.
 Notary Public.

Blue Border
 100% LINEN LEDGER

FILED
CASS COUNTY, NE.

2000 OCT 24 PM 3:28

Doc #479
#550

COMPARED

56 MISC. PG 376
MELISSA MEISINGER
REGISTRAR OF DEEDS

197

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

295317

1. DECEDENT - NAME FIRST: Darline MIDDLE: B LAST: Erikson	2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 3, 2000
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country) Blue Springs, Nebraska	5a. AGE - Last Birthday (Yrs) 77	5b. UNDER 1 YEAR 60. MONTHS 61. DAYS
7. SOCIAL SECURITY NUMBER 505 26 2917	6a. PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DCA	6b. OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)
8a. FACILITY - Name Methodist Hospital	8b. CITY, TOWN OR LOCATION OF DEATH Omaha	8c. COUNTY OF DEATH Douglas
9a. RESIDENCE - STATE Nebraska	9b. COUNTY Douglas	9c. CITY, TOWN OR LOCATION Omaha
10. RACE - (e.g., White, Black, American Indian, etc.) (Specify) White	11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) American	12. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager	14b. KIND OF BUSINESS INDUSTRY Steel & Aluminum Co. Alcoa of America	15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (8-12) 12 College (11-4 or 5+) 2
16. FATHER - NAME FIRST: Lewis MIDDLE: Hollenbeck LAST: Erikson	17. MOTHER FIRST: Laura MIDDLE: Miller MAIDEN SURNAME: Miller	19a. INFORMANT - NAME Donzel L Erikson
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war and dates of service) no	19b. MAILING ADDRESS 3532 So. 104th St., Omaha, Nebr. 68124	19c. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP
20. EMBALMER - SIGNATURE & LICENSE NO. Not Embalmed	21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Removal <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation	21b. DATE 7-6-2000
22a. FUNERAL HOME - NAME Heafey Hoffmann Dworak Cutler	21c. CEMETERY OR CREMATORY NAME Heafey Hoffmann Crematory	21d. CEMETERY OR CREMATORY LOCATION Omaha, Nebraska
22b. FUNERAL HOME ADDRESS 7805 West Center Road, Omaha, Nebraska 68124	21e. CEMETERY OR CREMATORY LOCATION CITY OR TOWN STATE	21f. STATE
23. IMMEDIATE CAUSE (a) Lung Cancer (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:	24. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input type="checkbox"/>
26a. Accident <input type="checkbox"/> Underdetermined <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. INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>	26e. PLACE OF INJURY - (At home, farm, street, factory, office building, etc.) (Specify)	26f. DESCRIBE HOW INJURY OCCURRED
26g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	27a. DATE OF DEATH (Mo., Day, Yr.) 7-3-00	27b. DATE SIGNED (Mo., Day, Yr.)
27c. TIME OF DEATH 6:55 A.M.	27d. SIGNATURE AND TITLE Mark D. Omernick	27e. TIME OF DEATH (Hour)
28. 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)	29a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	29b. WAS CONSENT GRANTED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
30. DID TOBACCO USE CONTRIBUTE TO THE DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>	31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Mark D. Omernick, 45120 W. Dodge Omaha, Ne 68118	32a. REGISTRAR John L. Wiley
32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUL 5 2000		

This certifies this document to be a true copy of an original record on file with Vital Statistics, Douglas County Health Department, Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproductions of this green certificate are not legal copies.

Date issued: JUL 20 2000

Registrar: John L. Wiley

The East Half of the Southeast Quarter (E 1/2 SE 1/4) of Section Twenty three (23), Township Ten (10) North, Range Ten (10) East of the 6th P.M., containing 80 acres, more or less, Cass County, Nebraska, for a term of one year, from the first day of March, 1997 to the last day of February 1998, upon the following terms, to wit:

C

FILED FOR RECORD 3-26-18 AT 12:04 P.M.
IN BOOK 135 OF Gen PAGE 900
REGISTER OF DEEDS, CASS CO., NE David John
#1282 (279) \$16⁰⁰

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

RETURN TO: DAVID LAUER
2741 KATY CIRCLE
LINCOLN, NE 68508

CERTIFIED DEATH CERTIFICATE

FULL & COMPLETE LEGAL DESCRIPTION – OR ATTACH LEGAL DESCRIPTION ON PAGE 2 IF
ADDITIONAL SPACE IS NEEDED:

Legal Description: _____

East half of the Southeast Quarter, of Section 23, Township 10, Range 10, east of the 6th

PM. Cass County, NE, except that part taken for highway purposes.

ML

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE STATE OF NEBRASKA, IT CERTIFIES THE DOCUMENT 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
3/1/2018
LINCOLN, NEBRASKA

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

11-97

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

CERTIFICATE OF DEATH

00 07941

1. DECEDENT - NAME FIRST MIDDLE LAST Darline B Erikson			2. SEX Female	3. DATE OF DEATH (Month Day Year) July 3, 2000	
4. CITY AND STATE OF BIRTH (If not in U.S.A. name country) Blue Springs, Nebraska		5a. AGE - Last Birthday (Yrs.) 77	5b. UNDER 1 YEAR 30 MOS. DAYS	5c. UNDER 1 DAY 5C HOURS MINS	6. DATE OF BIRTH (Month Day Year) March 10, 1923
7. SOCIAL SECURITY NUMBER			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 no. here) Methodist Hospital			9. CITY, TOWN OR LOCATION OF DEATH 9a. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 9b. COUNTY OF DEATH Douglas		
9a. RESIDENCE - STATE Nebraska	9b. COUNTY Douglas	9c. CITY, TOWN OR LOCATION Omaha	9d. STREET AND NUMBER (including Zip Code) 3532 So. 104th St. 68124	9e. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
10. RACE (e.g. White, Black, American Indian, etc.) (Specify) White	11. ANCESTRY (e.g. Italian, Mexican, German, etc.) (Specify) American	12. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED	13. NAME OF SPOUSE (If wife, give maiden name) Donzel L Erikson		
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager		14b. KIND OF BUSINESS INDUSTRY Steel & Aluminum Co. Alcoa of America		15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) 12 College (1-4 or 5+) 2	
16. FATHER - NAME FIRST MIDDLE LAST Lewis Hollenbeck		17. MOTHER FIRST MIDDLE MAIDEN SURNAME Laura Miller		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If yes, give war and dates of service) NO	
19a. INFORMANT - NAME Donzel L Erikson			19b. MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) 3532 So. 104th St., Omaha, Nebr. 68124		
20. EMBALMER - SIGNATURE & LICENSE NO. Not Embalmed		21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Removal <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation	21b. DATE 7-6-2000	21c. CEMETERY OR CREMATORY NAME Heafey Hoffmann Crematory	
22a. FUNERAL HOME - NAME Heafey Hoffmann Dworak Cutler		22b. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) 7805 West Center Road, Omaha, Nebraska 68124			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART 1 (a) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death PART 2 (b) DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death PART 3 (c) DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death					
24. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related			PART 4 IN FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 15-54) 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. <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Homicide <input type="checkbox"/> Investigation		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 checked="" 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.) 7-3-00		27b. DATE SIGNED (Mo. Day, Yr.) 7-3-00		27c. TIME OF DEATH 6:55 A M	27d. TIME OF DEATH
27e. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Mark D. Omar MD (Signature and Title)		27f. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		27g. 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 type="checkbox"/> YES <input checked="" 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) MARK D. OMAR, MD 16120 W. Dodge Omaha, Ne 68118					
32a. REGISTRAR John L Wiley			32b. DATE FILED BY REGISTRAR (Mo. Day, Yr.) JUL 5 2000		

For use by physician, medical examiner or county coroner.

PARTIAL CAUSE

CERTIFIER

0379372

Real Estate Transfer Statement

1287

• To be filed with the Register of Deeds. • Read instructions on reverse side.
• If additional space is needed, add an attachment and identify the item.

The deed will not be recorded unless this statement is signed and items 1-25 are accurately completed.

1 County Name CASS - 13	2 County Number	3 Date of Sale/Transfer Mo. 3 Day 7 Yr. 18	4 Date of Deed Mo. 3 Day 7 Yr. 18
5 Grantor's Name, Address, and Telephone (Please Print) Grantor's Name (Seller) David W. Lauer - PR of Estate of Donzel L. Erikson Street or Other Mailing Address 2741 Katy Circle City Lincoln State NE Zip Code 68506 Phone Number (402) 289-3356 Email Address		6 Grantee's Name, Address, and Telephone (Please Print) Grantee's Name (Buyer) DAVID W. LAUER and KELLY S. LAUER Street or Other Mailing Address 2741 KATY CIRCLE City LINCOLN State NE Zip Code 68506 Phone Number (402) 289-3356 Is the grantee a 501(c)(3) organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the grantee a 509(a) foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No Email Address	

7 Property Classification Number. Check one box in categories A and B. Check C if property is also a mobile home.

(A) Status	(B) Property Type	(C)
<input type="checkbox"/> Improved <input checked="" type="checkbox"/> Unimproved <input type="checkbox"/> IOLL	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Recreational <input type="checkbox"/> Mineral Interests-Nonproducing <input type="checkbox"/> Mineral Interests-Producing	<input type="checkbox"/> State Assessed <input type="checkbox"/> Exempt <input type="checkbox"/> Mobile Home

8 Type of Deed

<input type="checkbox"/> Conservator <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Cemetery <input type="checkbox"/> Corrective <input type="checkbox"/> Death Certificate - Transfer on Death	<input type="checkbox"/> Distribution <input type="checkbox"/> Easement <input checked="" type="checkbox"/> Executor <input type="checkbox"/> Land Contract/Memo <input type="checkbox"/> Lease <input type="checkbox"/> Mineral <input type="checkbox"/> Partition <input type="checkbox"/> Personal Rep. <input type="checkbox"/> Quit Claim <input type="checkbox"/> Sheriff <input type="checkbox"/> Trust/Trustee <input type="checkbox"/> Warranty <input type="checkbox"/> Other _____
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9 Was the property purchased as part of an IRS like-kind exchange? (I.R.C. § 1031 Exchange)
 Yes No

10 Type of Transfer

<input checked="" type="checkbox"/> Distribution <input type="checkbox"/> Auction <input type="checkbox"/> Court Decree <input type="checkbox"/> Easement <input type="checkbox"/> Exchange	<input type="checkbox"/> Foreclosure <input type="checkbox"/> Gift <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Life Estate <input type="checkbox"/> Partition <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Sale <input type="checkbox"/> Satisfaction of Contract <input type="checkbox"/> Transfer on Death <input type="checkbox"/> Trustee to Beneficiary <input type="checkbox"/> Other (Explain) _____
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11 Was ownership transferred in full? (If No, explain the division.)
 Yes No _____

12 Was real estate purchased for same use? (If No, state the intended use.)
 Yes No _____

13 Was the transfer between relatives, or if to a trustee, are the trustor and beneficiary relatives? (If Yes, check the appropriate box.)

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Brothers and Sisters <input type="checkbox"/> Ex-spouse	<input type="checkbox"/> No <input checked="" type="checkbox"/> Aunt or Uncle to Niece or Nephew <input type="checkbox"/> Grandparents and Grandchild <input type="checkbox"/> Parents and Child	<input type="checkbox"/> Family Corp., Partnership, or LLC <input type="checkbox"/> Spouse <input type="checkbox"/> Step-parent and Step-child	<input type="checkbox"/> Self <input type="checkbox"/> Other _____
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14 What is the current market value of the real property?
\$900,000

15 Was the mortgage assumed? (If Yes, state the amount and interest rate.)
 Yes No \$ _____ %

16 Does this conveyance divide a current parcel of land?
 Yes No

17 Was transfer through a real estate agent or a title company? (If Yes, include the name of the agent or title company contact.)
 Yes _____ No

18 Address of Property

19 Name and Address of Person to Whom the Tax Statement Should be Sent
SAME AS GRANTEE

18a No address assigned 18b Vacant land

20 Legal Description
East Half of the Southeast Quarter, 23-10-10, CASS COUNTY, NE

21 If agricultural, list total number of acres 80

22 Total purchase price, including any liabilities assumed	22	\$	0.00
23 Was non-real property included in the purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, enter dollar amount and attach itemized list.)	23	\$	
24 Adjusted purchase price paid for real estate (line 22 minus line 23)	24	\$	0.00

25 If this transfer is exempt from the documentary stamp tax, list the exemption number # 15

Under penalties of law, I declare that I have examined this statement and that it is, to the best of my knowledge and belief, true, complete, and correct, and that I am duly authorized to sign this statement.

sign here Dan D. Stoller
 Print or Type Name of Grantee or Authorized Representative (402) 289-3356
 Signature of Grantee or Authorized Representative Attorney for Estate of Donzel L. Erikson Phone Number
 Title 3/16/18
 Date

Register of Deed's Use Only			For Dept. Use Only
26 Date Deed Recorded Mo. 3 Day 26 Yr. 18	27 Value of Stamp or Exempt Number \$ 2X # 15	28 Recording Data 135-899	