



MISC 2017036630



MAY 15 2017 13:18 P 4

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 4 BKP 9-15-12 ✓ SW EXAM
 1 IND SCAN PRF ✓

(A)

Received - DIANE L. BATTIATO
 Register of Deeds, Douglas County, NE
 5/15/2017 13:18:27.09



2017036630

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 PAGE DOWN FOR BALANCE OF INSTRUMENT

RETURN TO: 2nd pg

CHECK NUMBER

PREPARED BY
James R. Sacoman
Attorney at Law
2580 South 90th Street
Omaha, NE 68124

AFFIDAVIT

STATE OF CALIFORNIA)

: ss.

COUNTY OF SOLANO)

JOHN J. GRASSO and MARY LOU GRASSO, after being duly sworn upon oath, depose and state as follows:

1. That Affiants are the surviving children of JOSEPH A. GRASSO, who died on February 24, 2017, as shown by the certified copy of his Death Certificate [Social Security Number redacted] which is attached hereto as Exhibit "A" and by this reference made a part hereof as if fully set forth herein.

2. That on the date of death of JOSEPH A. GRASSO, [*i.e.* February 24, 2017], the said decedent and DOLORES A. GRASSO were husband and wife, and were owners as Joint Tenants with Rights of Survivorship of certain commercial real estate located at 3034-3040 North 102nd Street, Omaha, Douglas County, Nebraska, 68134, and legally described as:

SE NW

A tract of land in the Northwest Quarter (NW ¼) of Section Nine (9), Township Fifteen (15) North, Range Twelve (12) East of the 6th P.M., Douglas County, Nebraska, more particularly described as follows:

Commencing at the Southeast corner of the Northwest Quarter (NW ¼) of Section Nine (9); thence North 00°00'00" East (assumed bearing) along the East line of the Northwest ¼ of said Section Nine (9), a distance of 464.80 feet; thence North 90°00'00" West, a distance of 36.66 feet to the point of beginning, said point being on the Westerly right-of-way line to 102nd Street; thence continuing North 90°00'00" West, a distance of 162 feet; thence North 00°00'00" East, a distance of 124 feet; thence North 90°00'00" East, a distance of 119.48 feet to the Westerly right-of-way line of 102nd Street; thence South 18°55'30" East, along said Westerly right-of-way of 102nd Street, a distance of 131.09 feet to the point of beginning, subject to a right-of-way easement over the South twenty (20) feet thereof.

Said tract contains 17,452 square feet, more or less.

That by virtue of survivorship, DOLORES A. GRASSO became the sole owner of the described premises on the date of death of JOSEPH A. GRASSO.

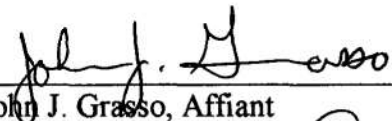
3. That on December 29, 1997, the Decedent and DOLORES A. GRASSO acquired the real estate described in Paragraph 2 above as Joint Tenants with Rights of Survivorship, by virtue of that certain Warranty Deed recorded on February 2, 1998, at Deed Book 2081, Page 360, in the Office of the Register of Deeds, Douglas County, Nebraska.

4. This Affidavit is given as evidence that no Nebraska Inheritance Tax is due or payable by DOLORES A. GRASSO by virtue of the passing of JOSEPH A. GRASSO'S interest in the described real estate to her, pursuant to Nebraska Revised Statutes, Section 77-2004.

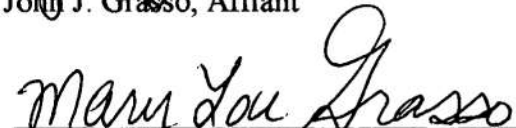
5. Your Affiants represent that the estate of JOSEPH A. GRASSO, was exempt from Federal Estate Taxes by reason of the unlimited marital deduction, pursuant to Sec. 2056 of the Internal Revenue Code and Treasury Regulations §20.2056(a)(1).

FURTHER, AFFIANTS SAYETH NOT.

DATED this 10th day of May, 2017.

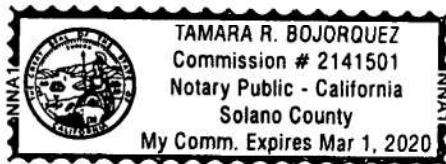



John J. Grasso, Affiant



Mary Lou Grasso, Affiant

SUBSCRIBED and SWORN to before me this 10th day of May, ~~2016~~²⁰¹⁷,
by John J. Grasso and Mary Lou Grasso.





Notary Public

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT

3052017041942

CERTIFICATE OF DEATH

3201748000549

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (MAY 3/06)			LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT - FIRST (Given) JOSEPH		2. MIDDLE ANTHONY		3. LAST (Family) GRASSO			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) JOSEPH ANTHONY GRASSO SR.				4. DATE OF BIRTH mm/dd/yyyy 12/05/1924	5. AGE Yrs. 92	6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY NE		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/GRDP® (at Time of Death) MARRIED		7. DATE OF DEATH mm/dd/yyyy 02/24/2017
13. EDUCATION - Highest Level/Degree (see worksheet on back) DOCTORATE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) ITALIAN			
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED DENTIST				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTHCARE		19. YEARS IN OCCUPATION 50	
20. DECEDENT'S RESIDENCE (Street and number, or location) 662 VINTAGE VALLEY DR							
21. CITY FAIRFIELD		22. COUNTY/PROVINCE SOLANO		23. ZIP CODE 94534	24. YEARS IN COUNTY 18	25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP DOLORES GRASSO, WIFE				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 662 VINTAGE VALLEY DR, FAIRFIELD, CA 94534			
28. NAME OF SURVIVING SPOUSE/SPDP - FIRST DOLORES		29. MIDDLE ANN		30. LAST (BIRTH NAME) KOZICKI			
31. NAME OF FATHER/PARENT - FIRST JOHN		32. MIDDLE -		33. LAST GRASSO		34. BIRTH STATE ITALY	
35. NAME OF MOTHER/PARENT - FIRST LOUISE		36. MIDDLE -		37. LAST (BIRTH NAME) GENTILE		38. BIRTH STATE ITALY	
39. DISPOSITION DATE mm/dd/yyyy 03/02/2017		40. PLACE OF FINAL DISPOSITION HOLY SEPULCHRE CEMETERY 4912 LEAVENWORTH ST, OMAHA, NE 68106					
41. TYPE OF DISPOSITION(S) TR/BU		42. SIGNATURE OF EMBALMER JOSEPH GARZA		43. LICENSE NUMBER EMB7889			
44. NAME OF FUNERAL ESTABLISHMENT BRYAN-BRAKER FUNERAL HOME		45. LICENSE NUMBER FD2065		46. SIGNATURE OF LOCAL REGISTRAR BELA MATYAS, MD, MPH		47. DATE mm/dd/yyyy 02/28/2017	
101. PLACE OF DEATH BROOKDALE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ERVCP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other			
104. COUNTY SOLANO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3350 CHERRY HILLS CT				106. CITY FAIRFIELD	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) CARDIOVASCULAR ARREST (B) CORONARY ARTERY DISEASE		Time Interval Between Onset and Death (A) SECS 2017-0216 (B) YRS		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (C) (D)		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 DIABETES MELLITUS TYPE II, HYPERLIPIDEMIA, HYPERTENSION, EMPHYSEMA, HISTORY OF CORONARY ARTERY BYPASS GRAFT							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) CORONARY ARTERY BYPASS GRAFT 05/10/2009							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: _____ Decedent Last Seen Alive: _____		115. SIGNATURE AND TITLE OF CERTIFIER GURMEET SINGH SIDHU M.D.		116. LICENSE NUMBER A76668		117. DATE mm/dd/yyyy 02/27/2017	
(A) mm/dd/yyyy 02/22/2007		(B) mm/dd/yyyy 12/08/2016		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GURMEET SINGH SIDHU M.D. 1550 GATEWAY BLVD, FAIRFIELD, CA 94533			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.							
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER [Signature]				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SOLANO



000453937

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Health and Social Services Department, Public Health Division.

03/01/2017

Bela S. Matyas
BELA MATYAS, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR

By _____, Deputy. DATE ISSUED _____

This copy is not valid unless prepared on an engraved border displaying the seal, date of issuance and the original signature of the Deputy.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASOLAN001

