

JOINT TENANCY WARRANTY DEED

Joe A. Slama and Josephine M. Slama, husband and wife, GRANTORS, in consideration of ONE DOLLAR and other valuable consideration, received from GRANTEES, convey to Joe A. Slama and Josephine M. Slama, husband and wife, GRANTEES, as joint tenants and not as tenants in common, the following described real estate (as defined in Neb.Rev.Stat. 76-201):

Lot Two (2) in Luick Addition to the Village of Dorchester, Saline County, Nebraska;

The Northwest Quarter (NW 1/4) of Section Seven (7), Township Seven (7) North, Range Three (3), East of the 6th P.M., Saline County, Nebraska;

The Southeast Quarter (SE 1/4) of the Southwest Quarter (SW 1/4) of Section One (1), Township Seven (7) North, Range Two (2), East of the 6th P. M., Saline County, Nebraska.

GRANTORS covenant (jointly and severally, if more than one) with GRANTEES that GRANTORS:

(1) are lawfully seized of such real estate and that it is free from encumbrances;

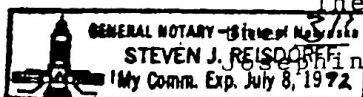
(2) have legal power and lawful authority to convey the same;

(3) warrant and will defend title to the real estate against the lawful claims of all persons.

Executed this 31<sup>st</sup> day of May, 1990.

Joe A. Slama  
Josephine M. Slama

STATE OF NEBRASKA, )  
                                  ) SS.  
County of Saline )



The foregoing instrument was acknowledged before me on 31<sup>st</sup> day of May, 1990, by Joe A. Slama and Josephine M. Slama, husband and wife.

Steven J. Reisdorf  
NOTARY PUBLIC

STATE OF NEBRASKA, County of Saline:

Filed for record and entered in Numerical index  
on June 4, 1990 at 9:00 o'clock A.M., and recorded  
in Deed Record 242, Page 344.  
From, chg. & ret. to:  
The Law Office, P.C.  
224 East 13th-Crete, Ne  
Fee \$6.50 chg.

Mamma R. Ripa  
County or Deputy County Clerk  
Register or Deputy Register of  
Deeds

#14	✓	✓	✓		
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dk

From, Chg. and Return to:  
 Steinacher, Vosoba, Hanson & Kolbo  
 P. O. box 626 Wilber, NE 68465  
 Fee: \$11.50 Chg.

STATE OF NEBRASKA }  
 SALINE COUNTY } ss

Entered in numerical index and filed  
 for record, the 29 day of January  
 1999 at 10:23 clock A.M. and record-  
 ed in Book 55 of Misc. Page 582-583

*Phyllis Orsini*  
 County Clerk

PLEASE RECORD AGAINST:

1. Lot Two (2) in Luick Addition to the Village of Dorchester, Saline County, Nebraska;
2. Northwest Quarter (NW¼) of Section Seven (7), Township Seven (7), Range Three (3), East of the 6<sup>th</sup> P.M., Saline County, Nebraska;
3. The Southeast Quarter (SE¼) of the Southwest Quarter (SW¼) of Section One (1), Township Seven (7), Range Two (2), East of the 6<sup>th</sup> P.M., Saline County, Nebraska

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  
JAN 20 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 MIDDLE LAST Joseph A. Slama			2 SEX Male		3 DATE OF DEATH (Month, Day, Year) January 3, 1999	
4 CITY AND STATE OF BIRTH (If not in U.S.A. name country) Saline County, Nebraska		5a AGE - Last Birthday (Yrs.) 90	5b UNDER 1 YEAR MO. DAYS HOURS MINS		6 DATE OF BIRTH (Month, Day, Year) August 16, 1908	
7 SOCIAL SECURITY NUMBER 506-48-2959		8a PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
8b FACILITY - Name (If not institution, give street and number) Crete Municipal Hospital - LTC		8c INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
8d CITY, TOWN OR LOCATION OF DEATH Crete		8e COUNTY OF DEATH Saline				
9a RESIDENCE - STATE Nebraska		9b COUNTY Saline		9c CITY, TOWN OR LOCATION Dorchester		9d STREET AND NUMBER (Including Zip Code) 104 Whitmar 68343
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) Czech		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) Josephine M. Belohlavy
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		14b KIND OF BUSINESS INDUSTRY 473		15 EDUCATION (Specify only highest grade completed) 10 Elementary or Secondary (10-12) College (11-4 or 5+)		
16 FATHER - NAME FIRST MIDDLE LAST John Slama		17 MOTHER FIRST MIDDLE MAIDEN SURNAME Agnes Kupka				
18 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		19a INFORMANT - NAME Josephine Slama				
19b INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 104 Whitmar; Dorchester, NE 68343						
20 EMBALMER - SIGNATURE & LICENSE NO. <i>Scott Blum</i> 1250		21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		21b DATE Jan. 7, 1999		21c CEMETERY OR CREMATORY NAME Wilber Czech Cemetery
22a FUNERAL HOME - NAME Kuncl Funeral Home		21d CEMETERY OR CREMATORY LOCATION CITY OR TOWN STATE Wilber, Nebraska				
22b FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 131 West 12th St.; Crete, NE 68333						
23 IMMEDIATE CAUSE PART I (a) <i>Heart Failure</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>CVA - CHT</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>ASCVD - OBS - CHT</i>		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"/> 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 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.) 1-3-99		26c HOUR OF INJURY M		
26d INJURY AT WORK Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		26e PLACE OF INJURY - At home (farm, street, factory, office, building, etc.) (Specify) 10:45 PM		26f LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE		
27a DATE OF DEATH (Mo, Day, Yr.) 1-3-99		27b DATE SIGNED (Mo, Day, Yr.) 1-7-99		27c TIME OF DEATH 10:45 PM		
27d 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>Robert E. Tuma</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. (Signature and Title) <i>Stanley S. Cooper</i>				
29 DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		30a HAD 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 & PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Robert E. Tuma, M.D. 1313 Ivy Ave Crete, NE 68333		32b DATE FILED BY REGISTRAR (Mo, Day, Yr.) JAN 11 1999				
32a REGISTRAR <i>Stanley S. Cooper</i>						