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*Carol Mivens*  
REGISTER OF DEEDS  
DODGE COUNTY, NE

## SURVIVORSHIP WARRANTY DEED

### KNOW ALL MEN BY THESE PRESENTS THAT

Brian L. Thompson and Linda L. Thompson, husband and wife, herein called the grantor whether one or more, in consideration of One Dollar and other valuable consideration received from grantees, do hereby grant, bargain, sell, convey and confirm unto

William O. C. Taylor and Patricia I. Taylor, husband and wife, as joint tenants with right of survivorship, and not as tenants in common, the following described real property in Dodge County, Nebraska:

The West Half of the Northeast Quarter of Section 6, Township 17 North, Range 7, East of the 6th P.M., in Dodge County, Nebraska EXCEPT the Easterly 547.0 feet of the Southerly 380.0 feet of the West Half of the Northeast Quarter, Section 6, Township 17 North, Range 7 East of the 6th P.M., Dodge County, Nebraska

NEBRASKA DOCUMENTARY  
Date 1-11-95 STAMP TAX  
\$206.80 By *mm*

To have and to hold the above described premises together with all tenements, hereditaments and appurtenances thereto belonging unto the grantees and to their assigns, or to the heirs and assigns of the survivor of them forever.

And the grantor does hereby covenant with the grantees and with their assigns and with the heirs and assigns of the survivor of them that grantor is lawfully seized of said premises; that they are free from encumbrance except covenants, easements and restrictions of record; all regular taxes and special assessments, except those levied or assessed subsequent to date hereof; that grantor has good right and lawful authority to convey the same; and that grantor warrants and will defend the title to said premises against the lawful claims of all persons whomsoever.

It is the intention of all parties hereto that in the event of the death of either of the grantees, the entire fee simple title to the real estate shall vest in the surviving grantee.

Dated: January 9, 1995

*Brian L. Thompson*  
Brian L. Thompson

*Linda L. Thompson*  
Linda L. Thompson

### STATE OF NEBRASKA COUNTY OF DODGE

The foregoing instrument was acknowledged before me on this 9 day of January, 1995 by Brian L. Thompson and Linda L. Thompson, husband and wife.

*Larry D. Flamme*  
NOTARY PUBLIC

My Commission Expires: August 30, 1996

GENERAL NOTARY - State of Nebraska  
LARRY D. FLAMME  
My Comm. Exp. 8-30-1996



201700597

201700597

*Carol Givens*  
Carol Givens

Filed:

February 06, 2017 9:09:00 AM

Register of Deeds  
DODGE COUNTY, NE

Fee \$22.00

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

After recording please return to:

Rodney A. Johnson  
Attorney at Law  
P.O. Box 436  
North Bend, NE 68649-0436

**CERTIFIED DEATH CERTIFICATE FOR FILING WITH REFERENCE TO PREVIOUSLY RECORDED DEED FOR:**

- Joint Tenancy
- Life Estate
- Transfer on Death Deed
- Quitclaim Deed to Trustees of Revocable Trust

**LEGAL DESCRIPTION FOR DEED(S) IDENTIFIED ABOVE:**

SEE ATTACHED SCHEDULE "A"

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE 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

07/06/2015

LINCOLN, NEBRASKA

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

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CERTIFICATE OF DEATH

15 24490

1. DECEDENT'S NAME (First, Middle, Last, Suffix) William Oliver Cromwell Taylor		2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) June 20, 2015	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Fremont, Nebraska		5a. AGE-Last Birthday (Yrs.) 61		5b. UNDER 1 YEAR 5c. UNDER 1 DAY	
7. SOCIAL SECURITY NUMBER 506-72-2827		8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
8b. FACILITY NAME (If not institution, give street and number) 2056 Co Rd 13		8c. CITY OR TOWN OF DEATH (Include Zip Code) Ames 68621		8d. COUNTY OF DEATH Dodge	
9a. RESIDENCE STATE NE		9b. COUNTY Dodge		9c. CITY OR TOWN Ames	
9d. STREET AND NUMBER 2056 Co Rd 13		9e. APT. NO.		9f. ZIP CODE 68621	
9g. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			
10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name. Patricia Dunker		11. FATHER'S NAME (First, Middle, Last, Suffix) Ralph Taylor			
11. MOTHER'S NAME (First, Middle, Maiden Surname) Maxine Emmons		12. EVER IN U.S. ARMED FORCES? Give dates of service if yes. No		13. INFORMANT NAME Patricia Taylor	
14. RELATIONSHIP TO DECEDENT Wife		15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16. LICENSE NO. 1146	
15a. EMBALMER-SIGNATURE <i>Michael Swing</i>		16a. CEMETERY, CREMATORY OR OTHER LOCATION Memorial Cemetery		16b. CITY/TOWN STATE Fremont NE	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Moser Memorial Chapel, 1040 North Main, North Bend, NE				17b. Zip Code 68649	
18. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) <i>Pancreatic Cancer</i>					APPROXIMATE INTERVAL onset to death <i>5 months</i>
DUE TO, OR AS A CONSEQUENCE OF: (b)					onset to death
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (c)					onset to death
DUE TO, OR AS A CONSEQUENCE OF: (d)					onset to death
18. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to the death but not resulting in the underlying cause given in PART I.					19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY m		22c. PLACE OF INJURY—At home, farm, street, factory, office building, construction site, etc. (Specify)	
22d. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED			
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO.		CITY/TOWN		STATE ZIP CODE	
23a. DATE OF DEATH (Mo., Day, Yr.) June 20, 2015		23b. DATE SIGNED (Mo., Day, Yr.) 6-22-2015		23c. TIME OF DEATH 4:25 am	
23d. 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>TLA</i>		24a. DATE SIGNED (Mo., Day, Yr.)		24b. TIME OF DEATH m	
24c. PRONOUNCED DEAD (Mo., Day, Yr.)		24d. TIME PRONOUNCED DEAD m			
24e. 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>TLA</i>					
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN		25a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26. WAS CONSENT GRANTED? Not Applicable if 25a is no <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Thomas A. McKnight MD 350 W. 23rd St Fremont NE					
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUL 1 2015	

SCHEDULE "A"

The S 1/2 NE 1/4; the E 1/2 E 1/2 NW 1/4 NE 1/4;  
and the NE 1/4 NE 1/4 of Section 1, Township 17 North,  
Range 6 East of the 6th P.M., Dodge County, Nebraska

The S 1/2 SE 1/4 of Section 36, Township 18 North, Range 6 East  
of the 6th P.M., Dodge County, Nebraska

The NW 1/4 and Tax Lot 5, all in Section 6, Township 17 North,  
Range 7 East of the 6th P.M., Dodge County, Nebraska

The SW 1/4, Tax Lot 23 and Tax Lot 22, all in Section 9, Township 17 North,  
Range 7 East of the 6th P.M., Dodge County, Nebraska

Tax Lot 6 in Section 8, Township 17 North, Range 7 East  
of the 6th P.M., Dodge County, Nebraska

Tax Lot 5 in Section 5, Township 17 North, Range 7 East of the 6th P.M.,  
Dodge County, Nebraska

Tax Lot 10 in Section 7, Township 17 North, Range 7 East  
and Tax Lot 12 in Section 12, Township 17 North, Range 6 East,  
all in the 6th P.M., Dodge County, Nebraska

The NE 1/4 SW 1/4 and the NW 1/4 of Section 5, Township 17 North,  
Range 7 East of the 6th P.M., Dodge County, Nebraska

The N 1/2 NW 1/4 in Section 4, Township 17 North, Range 7 East  
of the 6th P.M., Dodge County, Nebraska