

Bw-1395

#9	✓	✓	✓	✓	✓
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From and Return to:
ATI Title Company
3883 Normal Blvd, Suite 206
Lincoln, NE 68506
Fee: \$6.50 Paid
Doc. Stamp: \$67.50 Paid

STATE OF NEBRASKA } ss
SALINE COUNTY }
Entered in numerical index and filed
for record, the 8 day of October
1992 at 9 o'clock A.M. and record-
ed in Book 251 of Records Page 459
Marilyn K. Fentiman
County Clerk

SURVIVORSHIP WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS:

THAT **Verna R. Gill, now known as Verna Steeves, a single person**
, herein called the grantor whether one or more,
in consideration of **One Dollar and other valuable consideration**
do hereby grant, bargain, sell, convey and confirm unto
Ed. O. Grant and Esther Grant
as joint tenants with right of survivorship, and not as tenants in common, the following described real property in
Saline County, Nebraska:
Lots 83, 84 and the North 12 feet of Lot 85, R. S. Bentley's 1st Addition to Friend, Saline County,
Nebraska

NEBRASKA DOCUMENTARY
STAMP TAX
Date Oct 8, 1992
\$ 67.50 By AKC

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 October 5, 1992.

Verna Steeves
Verna Steeves

STATE OF NEBRASKA
COUNTY OF

The foregoing instrument was acknowledged before me on October 5, 1992 by
Verna R. Gill, now known as Verna Steeves, a single person.

Marilyn K. Fentiman
NOTARY PUBLIC

My Commission Expires: Feb 23, 1993

GENERAL NOTARY - State of Nebraska
MARILYN K. FENTIMAN
My Comm. Exp. Feb. 23, 1993

ORVILLE & ESTHER GRANT
307 MAPLE
FRIEND NE 68357

No.	Gen.	Num.	Paged	ROD	
#3	✓	✓	✓	✓	
dk	Register of Deeds				

From & Return to:
 Aaron Grant
 2320 So. 39th Street
 Lincoln, NE 68506
 Fee: \$ 16.00 paid (Credit Card)

STATE OF NEBRASKA } ss
 SALINE COUNTY

Index No. 2018-01765

Entered in numerical index and filed on
 record, the 24 day of October
2018 at 11:45 o'clock A M. and recorded
 in Book 79 of Misc. Page 401-402

Brent A. Skar
 County Clerk

Attachment to the Death Certificate of Orville Theodore Grant.

Indexed against: Lts. 83-84 & N. 12' Lt. 85, R.S. Bentley's 1st Add.
 to Friend.

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

10/5/2018
LINCOLN, NEBRASKARUSSELL FOSLER
INTERIM ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH
AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

11 01092

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Orville Theodore Grant		2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) March 31, 2011	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Davey, Nebraska		5a. AGE - Last Birthday (Yrs.) 91		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
7. SOCIAL SECURITY NUMBER 720-03-2427		6. DATE OF BIRTH (Mo., Day, Yr.) March 11, 1920			
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/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) 307 Maple Street					
8c. CITY OR TOWN OF DEATH (Include Zip Code) Friend 68359		8d. COUNTY OF DEATH Saline			
9a. RESIDENCE STATE Nebraska		9b. COUNTY Saline		9c. CITY OR TOWN Friend	
9d. STREET AND NUMBER 307 Maple Street		9e. APT. NO.		9f. ZIP CODE 68359	
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 Esther Dinges			
11. FATHER'S NAME (First, Middle, Last, Suffix) Sherman Grant		12. MOTHER'S NAME (First, Middle, Maiden Surname) Martha Bell			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No		14a. INFORMANT NAME Aaron Grant		14b. RELATIONSHIP TO DECEDENT Son	
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)		16a. EMBALMER SIGNATURE Steve Olson		16b. LICENSE NO. 0912	
16c. DATE (Mo., Day, Yr.) April 5, 2011		16d. CEMETERY, CREMATORY OR OTHER LOCATION Oak Creek Cemetery			
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Metcalf Funeral Home, 245 N. 27th Street, Lincoln, Nebraska		CITY / TOWN Raymond		STATE Nebraska	
17b. Zip Code 68503					
CAUSE OF DEATH (See instructions and examples)					
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.				APPROXIMATE INTERVAL	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a) Acute Hypoxemia				onset to death 12 Hours	
DUE TO, OR AS A CONSEQUENCE OF: b) Metastatic Lung Disease				onset to death 6 Months	
DUE TO, OR AS A CONSEQUENCE OF: c) Carcinoma Of The Pancreas				onset to death One Year	
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. Anemia, Coronary Artery Disease, Chronic Atrial Fibrillation, Adult Failure To Thrive					
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 type="checkbox"/> NO			
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY		22c. PLACE OF INJURY - At home, farm, street, factory, office building, construction site, etc. (Specify)	
22d. INJURY AT WORK? <input type="checkbox"/> YES <input 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.) March 31, 2011		23b. DATE SIGNED (Mo., Day, Yr.) April 2, 2011		23c. TIME OF DEATH 01:30 PM	
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) Van Vahle, MD		24a. DATE SIGNED (Mo., Day, Yr.) 24b. TIME OF DEATH 24c. PRONOUNCED DEAD (Mo., Day, Yr.) 24d. TIME PRONOUNCED DEAD			
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		25b. WAS CONSENT GRANTED? Not Applicable if 25a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Van Vahle, MD, 300 N Columbia Avenue, Seward, Nebraska, 68434					
28a. REGISTRAR'S SIGNATURE Stanley D. Cooper				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) April 4, 2011	

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