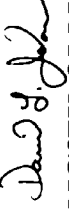


FILED
CASS COUNTY, NE.

2017 Oct 23 AM 08:12
Bk 127 OF GEN PG



REGISTER OF DEEDS
#04932 \$22.00

Please return to:

Legacy Design Strategies
Andrew C. Sigerson, P.C., L.L.O.
9859 S. 168th Ave.
Omaha, NE 68136
(402) 505-5400

TITLE OF DOCUMENT:
CERTIFIED DEATH CERTIFICATE FOR DEEDS

Transfer on Death Deed Joint Tenancy
 Life Estate Other

Book 146 Page 277

PREVIOUS DEED RECORDING INFORMATION

GRANTOR: James A. Maher, Deceased

GRANTEE: Dorothy K. Maher

FULL & COMPLETE LEGAL DESCRIPTION: SEE ATTACHED

An undivided 1/3 interest in the following:

Lot 4 in the Southeast Quarter of the Northeast Quarter (SE 1/4 NE 1/4) in Section 6, Township 11 North, Range 9 East of the 6th P.M.; Lot 16 in the Northwest Quarter of the Northeast Quarter (NW 1/4 NE 1/4) in Section 6, Township 11 North, Range 9 East of the 6th P.M. described as follows: all that part of the Northwest Quarter of the Northeast Quarter (NW 1/4 NE 1/4) of Section 6, excepting that part of Lot 15, and that part of the Southeast corner of the Northwest Quarter of the Northeast Quarter of said Section 6, deeded to William Dowd for road purposes; and Lot 15, in the Southwest Quarter of the Southeast Quarter (SW 1/4 SE 1/4) ~~Township 11 North, Range 9 East of the 6th P.M.~~ ^{Township 12 North, Range 9 East of the 6th P.M.} and Lot 1 in the Northeast Quarter of the Northeast Corner of in Section 6, Township 11 North, Range 9 East of the 6th P.M., Cass County, Nebraska, EXCEPT those parts deeded to the C.B. & Q Railroad and the State of Nebraska and that part deeded to William Dowd for road purposes; and part of Lot 17 in Section 31, Township 12 North, Range 9 East of the 6th P.M., Cass County, Nebraska described as follows: The West 50 feet in a parallelogram of fractional Lot 17 and a strip of land 13 feet wide and the entire length and adjacent to the South side of the following described land, to wit: commencing at the Southeast corner of the Southwest Quarter of the Southeast Quarter of Section 31, Township 12 North, Range 9, in said Cass County, thence running West 40 rods, thence North 20 rods, thence East 40 rods, thence South 20 rods, to the place of beginning, all in the Southwest Quarter of the Southeast Quarter (SW 1/4 SE 1/4) of Section 31, Township 12 North, Range 9; and the Northeast Quarter of the Northwest Quarter (NE 1/4 NW 1/4) of Section 6, Township 11 North, Range 9 East of the 6th P.M.,; all of said described property being in Cass 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
JUN 13 2002

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

DECEDENT - NAME FIRST MIDDLE LAST James Anthony Maher		2 SEX Male		3 DATE OF DEATH (Month Day Year) May 28, 2002	
CITY AND STATE OF BIRTH (If not in U.S.A. name country) Greenwood, Ne. 68366		5a AGE - Last Birthday (Yrs) 90		6 DATE OF BIRTH (Month Day Year) Feb. 23, 1912	
SOCIAL SECURITY NUMBER		5b MOS		5c HOURS MINS	
7 FACILITY - Name (If not institution, give street and number) St. Elizabeth's Health Center		8a PLACE OF DEATH HOSPITAL <input checked="" type="checkbox"/> Inpatient ER Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify)		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
8 CITY TOWN OR LOCATION OF DEATH Lincoln		8b INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		8c COUNTY OF DEATH Lancaster	
1 RESIDENCE - STATE Nebraska		9c CITY, TOWN OR LOCATION Greenwood		9d STREET AND NUMBER (including Zip Code) 21405 N. 134-68366	
9 RACE (e.g. White, Black, American Indian, etc.) (Specify) White		11 ANCESTRY (e.g. Italian, Mexican, German, etc.) Irish		12 MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
1a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer		14b KIND OF BUSINESS INDUSTRY Agriculture		13 NAME OF SPOUSE (If wife, give maiden name) Dorothy Perkins	
3 FATHER - NAME FIRST MIDDLE LAST Martin M. Maher		17 MOTHER Nora		15 EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) 8 College (13-16) 5-1	
1 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		19a INFORMANT - NAME Mrs. Dorothy Maher		Maiden Surname McKenna	
10 INFORMANT 21405 N. 134th St.; Greenwood, Ne. 68366		10 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP)		21c CEMETERY OR CREMATORY NAME June 1, 2002 Greenwood Mem. Cemetery	
2a FURNAL HOME - NAME Marcy Mortuary		21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		21d CEMETERY OR CREMATORY LOCATION Greenwood, NE. 68366	
2b FURNAL HOME ADDRESS 104 N. 15th; Box 314; Ashland, Ne. 68003		21b DATE June 1, 2002		Interval between onset and death Interval between onset and obtain Interval between onset and death	
1a IMMEDIATE CAUSE (a) <i>cardiac arrest</i> (b) <i>Myocardial infarction</i>		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		25 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
1c) DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		24 AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
PART II		PART III IF FEMALE: WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input type="checkbox"/>		26 DESCRIBE HOW INJURY OCCURRED	
3a		25a DATE OF INJURY (Mo Day Yr) 12/11/02		25b HOURS OF INJURY M	
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		26a PLACE OF INJURY (Home, farm, street, factory, office building, etc.) (Specify)		25c LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation		26b INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>		25d TIME OF DEATH	
<input type="checkbox"/> Homicide		26c DATE OF DEATH (Mo Day Yr) May 28, 2002		25e PRONOUNCED DEAD (Hour: M)	
27a DATE OF DEATH (Mo Day Yr)		27b TIME OF DEATH		25f PRONOUNCED DEAD (Hour: M)	
27b DATE SIGNED (Mo Day Yr) May 31, 2002		27c TIME OF DEATH		25g 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)	
27c To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		27d		25h 30a DID TOBACCO USE CONTRIBUTE TO THE DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>	
27e		27f		30b WAS CONSENT GRANTED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
27g		27h		3 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Dr. Jon W. Hinrichs 6900 Van Dorn; Suite 24; Lincoln, Ne. 68506	
27i		27j		32a DATE FILED BY REGISTRAR (Mo. Day Yr) JUN 5 2002	

Stanley S. Cooper