

#6402

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FILED
CASS COUNTY, NE.

2002 AUG 26 AM 10:33

58 Misc pg 768
PATRICIA MCHINGER
REGISTER OF DEEDS
Dec #6402 \$1500

AFFIDAVIT FOR TRANSFER
OF REAL PROPERTY WITHOUT PROBATE
UNDER NEBRASKA PROBATE CODE

State of Nebraska)
) ss
County of Lancaster)

The undersigned affiant upon being first duly sworn, does hereby depose or affirm and state:

1. The value of all of the real property in the estate of James A. Maher, Deceased, which is located in the State of Nebraska, less liens and encumbrances, which is subject to probate proceedings, does not exceed \$25,000.00, and the legal description of such real property and its assessed tax value in the year of decedent's death is:

An undivided one-third interest in Tax Lot 32, Section 31, Township 12 North, Range 9 East, Cass County, Nebraska

Cass County Assessed Value: \$2,589.00
One-third of Assessed Value: \$ 863.00

The entire value of the estate of dcccdent which is subject to probate is less than \$25,000.00 and the only asset which is subject to probate is the above described real estate.

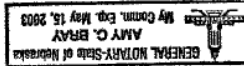
2. As shown in the certified or authenticated copy of the decedent's death certificate attached to this affidavit, thirty days have elapsed since the death of the Decedent

3. No application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.

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Amy C. Gray
Notary Public



Subscribed and sworn or affirmed to before me on August 9th 2003

Dorothy K. Maher
Dorothy K. Maher, Affiant

- 4. Affiant is entitled to the real property by reason of reason of affiant's status as a surviving spouse and sole beneficiary under the last Will of Decedent and affiant has made an investigation and has been unable to determine any subsequent will to the will dated July 16, 1987.
- 5. No other person has a right to the interest of decedent in the described real property.
- 6. This affidavit is provided under the provisions of sections 30-24,129 and 30-24,130 of the Nebraska Probate Code and the undersigned swears or affirms all statements in this affidavit are true and material and further acknowledges that any false statement may subject the undersigned to penalties relating to perjury under section 28-915 of the Nebraska Revised Statutes.

12-9

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REGISTER OF DEEDS

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
VITAL STATISTICS
CERTIFICATE OF DEATH

02 06404

1. DECEASED - NAME FIRST MIDDLE LAST James Anthony Maher			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) May 28, 2002	
4. CITY AND STATE OF BIRTH (if not in U.S.A., name country) Greenwood, Ne. 68366		5a. AGE - Last Birthday (Yrs) 90	5b. UNDER 1 YEAR (MOS, DAYS) 1 1	5c. UNDER 1 DAY (HOURS, MINS) 1 1	6. DATE OF BIRTH (Month, Day, Year) Feb. 23, 1912
7. SOCIAL SECURITY NUMBER 507-46-7848		8a. PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> ER Outpatient <input type="checkbox"/> Residence <input type="checkbox"/> DCA <input type="checkbox"/> Other - Specify:			
8b. FACILITY - Name (if not institution, give street and number) St. Elizabeth's Health Center		9. TOWN OR LOCATION OF DEATH Lincoln			
9a. RESIDENCE - STATE Nebraska		9b. COUNTY Lancaster	9c. CITY, TOWN OR LOCATION Greenwood	9d. STREET AND NUMBER (including Zip Code) 21405 N. 134-68366	9e. INSIDE CITY LIMITS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10. RACE (e.g., White, Black, American Indian, etc.) (Specify) White	11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) Irish	12. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	13. NAME OF SPOUSE (if wife, give maiden name) Dorothy Perkins		
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Farmer		14b. KIND OF BUSINESS INDUSTRY Agriculture		15. EDUCATION (Specify only highest grade completed) 8	
16. FATHER - NAME FIRST MIDDLE LAST Martin M. Maher		17. MOTHER - FIRST MIDDLE MAIDEN SURNAME Nora McKenna			
18. HAD DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and dates of service) No		19a. INFORMANT - NAME Mrs. Dorothy Maher			
19b. INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 21405 N. 134th St.; Greenwood, Ne. 68366		20. EMBALMER - SIGNATURE & LICENSE NO. <i>Greg Kaul</i>			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		21b. DATE June 1, 2002	21c. CEMETERY OR CREMATORY NAME Greenwood Mem. Cemetery		
22a. FUNERAL HOME - NAME Marcy Mortuary		22b. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 104 N. 15th; Box 314; Ashland, Ne. 68003			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
(a) PART cardiac arrest		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF Myocardial infarction		Interval between onset and death			
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to this death but not related Diabetes Mellitus		PART B 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"/>	
25a. DATE OF INJURY (Mo., Day, Yr.)		25b. HOUR OF INJURY		25c. DESCRIBE HOW INJURY OCCURRED	
26a. INJURY AT WORK Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		26b. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		26c. LOCATION STREET OR R.F.D. NO., CITY OR TOWN, STATE	
27a. DATE OF DEATH (Mo., Day, Yr.) May 28, 2002		27b. TIME OF DEATH		27c. DATE SIGNED (Mo., Day, Yr.)	
27d. DATE SIGNED (Mo., Day, Yr.) May 31, 2002		27e. TIME OF DEATH		27f. PRONOUNCED DEAD (Mo., Day, Yr.)	
27g. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. <i>Stanley S. Cooper</i>		27h. 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. <i>Stanley S. Cooper</i>			
29. DID TOBACCO USE CONTRIBUTE TO THE DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		30a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		30b. WAS CONSENT GRANTED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
31. NAME AND ADDRESS OF CERTIFYING PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY (Type or Print) Dr. Jon J. Hinrichs 6900 Van Dorn; Suite 24; Lincoln, Ne. 68506					
32a. REGISTRAR <i>Stanley S. Cooper</i>				32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUN 5 2002	

Tax Lot 32, Section 31, Township 12 North, Range 9 East, Cass County, Nebraska.
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