

3158

NEBRASKA DOCUMENTARY
STAMP TAX
FEB 29 1972
\$ 33.00 BY *[Signature]*

EXECUTOR'S SURVIVORSHIP DEED

THIS DEED, made this 9th day of November, 1971, by and between Hilda Schmieding, Executrix, and Leroy Krueger, Executor of the estate of Herman Krueger, deceased, hereinafter called sellers, and Herbert Keith Smail and Margaret E. Smail, husband and wife, hereinafter called buyers:

WITNESSETH, that sellers by virtue of authority vested in them under the last will and testament of Herman Krueger, deceased, do hereby bargain, sell and convey unto buyers as joint tenants with right of survivorship and not as tenants in common the following described real estate to-wit:

The South Half (S $\frac{1}{2}$) of the Southwest Quarter (SW $\frac{1}{4}$) of Section Five (5), Township Eleven (11) North, Range Five (5) East of the 6th P. M. Lancaster County, Nebraska,

with all the tenements, hereditaments and appurtenances thereunto belonging, for the sum of \$30,000.

And sellers, for themselves, their heirs, executors and administrators, do covenant, promise and undertake to and with the said buyers, their heirs and assigns, that they are lawfully the executrix and executor of the last will and testament of Herman Krueger and have power to convey as aforesaid, and have in all respects acted, in making this conveyance, in pursuance of the authority granted in and by the said last will and testament; and that they have not made, done or suffered any act, matter or thing whatsoever, since they were executrix and executors aforesaid, whereby the above granted premises, or any part thereof, are, shall or may be impeached, charged or encumbered in any manner whatsoever.

IN WITNESS WHEREOF, the sellers have hereunto set their

hand the day and year first above written.

Hilda Schmieding
Hilda Schmieding, Executrix

Leroy Krueger
Leroy Krueger, Executor

On this 9th day of November, 1971, before me, a notary public in and for the County of Lancaster, State of Nebraska, personally came Hilda Schmieding and Leroy Krueger to me known to be the duly appointed, qualified and acting Executrix and Executor of the last will and testament of Herman Krueger, deceased, who affixed their signatures to the foregoing deed and severally acknowledged the same to be her and his voluntary act and deed.



Frances R. Warnsholz
Notary Public

INDEXED
MICRO-FILED
GENERAL
5 1/2 - 225
X

LANCASTER COUNTY NEBR.
Kenneth S. Ferguson
RECORDS & DEEDS

FEB 29 3 58 PM '72

FILED FOR RECORD AS:

8275

INST. NO. 72-3158

Rae F. ...



AFFIDAVIT OF MARITAL STATUS

STATE OF NEBRASKA)
) ss.
COUNTY OF LANCASTER)

COMES NOW, the undersigned, being duly sworn, deposes and says that the undersigned knows the Decedent and is the surviving spouse of the Decedent and that the following information is true and correct:

- Name of Decedent: Herbert Keith Smail;
Date of Death: October 12, 2007;
Domicile at Date of Death: Malcolm, Lancaster County, Nebraska;
Name of Surviving Spouse: Margaret E. Smail;
Date of Marriage: January 26, 1950.
- The Affiant is related to the Decedent as the surviving spouse.
- There is no Federal Estate Tax, Nebraska Inheritance Tax or Nebraska Estate Tax.
- Title to the following described real estate is held by the Decedent and the surviving spouse of the Decedent in joint tenancy, to-wit:

South Half (S $\frac{1}{2}$) of the Southwest Quarter (SW $\frac{1}{4}$), Section Five (5), Township Eleven (11), Range 5 ~~West~~ East of the 6th P.M., Lancaster County, Nebraska.
- As of date of death, said real estate has a fair market value of \$200,604.00.
- The Decedent and Affiant were married as of date of death. There is no Nebraskan Inheritance Tax Lien by reason of Nebraska Revised Statutes Section 77-2003. There is no Nebraska Estate Tax Lien by reason of Nebraska Revised Statutes Section 77-2102.
- A certified Death Certificate of the Decedent is attached.

FURTHER Affiant sayeth not.

Margaret E. Smail
Margaret E. Smail, Affiant

SUBSCRIBED AND SWORN to before me this 15th day of November, 2007.



Dana Baker
Notary Public

Return by mail to:

DANA V. BAKER, P.C.
130 N. 16TH ST., STE 100
LINCOLN, NE 68508-1603

STATE OF 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

OCT 17 2007
LINCOLN, NEBRASKA

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT

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

CERTIFICATE OF DEATH

SEAL

To Be Completed/Verified by: FUNERAL DIRECTOR

To Be Completed by: CERTIFIER

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Herbert Keith Small				2. SEX Male		3. DATE OF DEATH October 17, 2007	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Arona, Pennsylvania			5a. AGE-Last Birthday (Yrs.) 77	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.		
7. SOCIAL SECURITY NUMBER 197-22-7412			8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input checked="" type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
8b. FACILITY NAME (If not institution, give street and number) Sunrise Country Manor				8c. CITY OR TOWN OF DEATH (Include Zip Code) Milford 68405			
9a. RESIDENCE-STATE Nebraska				9b. COUNTY Lancaster		9c. CITY OR TOWN Malcolm	
9d. STREET AND NUMBER 12410 W. Mill Road				9e. APT. NO.		9f. ZIP CODE 68402	
9g. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				8d. COUNTY OF DEATH Seward			
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. Margaret Stewart				
11. FATHER'S NAME (First, Middle, Last, Suffix) Herbert C Small			12. MOTHER'S NAME (First, Middle, Maiden Surname) Bernice Manor				
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) Yes 1950-1954			14a. INFORMANT NAME Margaret Small			14b. RELATIONSHIP TO DECEDENT Wife	
15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER SIGNATURE Not Embalmed		16b. LICENSE NO.		16c. DATE (Mo., Day, Yr.) October 17, 2007	
16d. GEMETERY, CREMATORY OR OTHER LOCATION Aspen Cremation Service				CITY/TOWN Lincoln		STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Wyuka Funeral Home, 3600 O Street, Lincoln, Nebraska						17b. Zip Code 68510	

CAUSE OF DEATH (See instructions and examples)

16. 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: (A) METASTATIC ESOPHAGEAL CANCER		onset to death 25 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:		onset to death
Sequentially list conditions, if any, leading to the cause listed on line a. (B)		onset to death
DUE TO, OR AS A CONSEQUENCE OF:		onset to death
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) (C) LAST		onset to death
DUE TO, OR AS A CONSEQUENCE OF:		onset to death
(D)		

18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I. MORBID OSCALITY, TRAP & DISSEMINATED MELANOMA, DEEP VENA THROMBOSIS		19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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 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 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.) 10-12-2007		23b. DATE SIGNED (Mo., Day, Yr.) 10-15-2007		23c. TIME OF DEATH 5:30 P. M.		24a. DATE SIGNED (Mo., Day, Yr.)		24b. TIME OF DEATH M	
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>Arthur S. Annin, M.D.</i>		23e. 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>Stanley S. Cooper</i>		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>Arthur S. Annin, M.D.</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		26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) ARTHUR S. ANNIN, M.D. 600 N. CORNER BLVD. 4205 LINCOLN, NE 68505							
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) OCT 16 2007			

OCT 16 2007

Inst # 2013008516 Wed Feb 20 14:09:38 CST 2013
Filing Fee \$10 00 Stamp Tax \$0 00 Exempt 4 cpotsc
Lancaster County NE Assessor/Register of Deeds Office WDEED
Pages 1



WARRANTY DEED

Margaret E. Smail

, Grantor, whether one or more,

in consideration of \$1.00

, receipt of which is hereby acknowledged, conveys to

Margaret E. Smail

, Grantee,

the following described real estate (as defined in Neb. Rev. Stat. 76-201) in

LEGAL DESCRIPTION

PARCEL A
THAT PART OF THE SOUTH HALF OF THE SOUTHWEST QUARTER OF SECTION 5, TOWNSHIP 11 NORTH, RANGE 5
EAST OF THE 6th P.M., LANCASTER COUNTY, NEBRASKA, MORE PARTICULARLY DESCRIBED AS FOLLOWS.

BEGINNING AT THE SOUTHWEST CORNER OF SOUTHWEST QUARTER OF SECTION 5, THENCE NORTHERLY ON THE
WEST LINE OF THE SOUTHWEST QUARTER, ON AN ASSIGNED BEARING OF N 0°37'38"E A DISTANCE OF 986 88',
THENCE EASTERLY, PARALLEL TO THE SOUTH LINE OF SAID SOUTHWEST QUARTER, N 88°25'36"E 947 50',
THENCE SOUTHERLY, PARALLEL TO THE WEST LINE OF SAID SOUTHWEST QUARTER, S 0°37'38"W 986 88', TO A
POINT ON THE SOUTH LINE OF SAID SOUTHWEST QUARTER, THENCE WESTERLY ON SAID SOUTH LINE,
S 88°25'36"W 947 50', TO THE POINT OF BEGINNING, SAID TRACT CONTAINING AN AREA OF 21 45 ACRES,
MORE OR LESS.

Grantor covenants (jointly and severally, if more than one) with the Grantee that Grantor:

- (1) is lawfully seised of such real estate and that it is free from encumbrances subject to easements, reservations, covenants and restrictions of record
- (2) has legal power and lawful authority to convey the same;
- (3) warrants and will defend the title to the real estate against the lawful claims of all persons.

Executed: *2-20-13*
Date

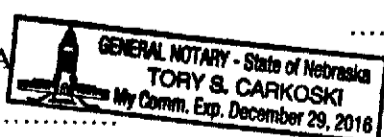
Margaret E Smail

State of Nebraska
County of *LANCASTER*

The foregoing instrument was acknowledged before me on *Feb 20 2013*
by *Margaret E Smail*

Tory S Carkoski

STATE OF NEBRASKA
County of



Filed for record and entered in Numerical Index on
at o'clock M., and recorded in Book , Page

By:
County or Deputy County Clerk
Register of Deeds or Deputy Register of Deeds

Pl South Sw 1/4

AFFIDAVIT

STATE OF Nebraska

§

COUNTY OF Lancaster

I, the Undersigned, Being First Duly Sworn, Depose and Say as Follows,
pertaining to the following real estate:

Lot Twenty-One (21), Irregular Tracts located in the
Southwest Quarter (SW 1/4) of Section 5, Township 11 North,
Range 5 East of the 6th P.M., Lancaster County, Nebraska.

I, Margaret E. Small, who was the grantor named in Warranty Deed dated
2/20/2013 and recorded as Inst. No. 2013008516, in the records of Lancaster
County, Nebraska, and that at the time of executing the same, I Margaret E.
Small was a single person.

Date: 2/12/2018

Margaret E. Small
Margaret E. Small

STATE OF Nebraska

§

COUNTY OF Lancaster

The foregoing instrument was acknowledged before me on 12 day of
February, 2018 by Margaret E. Small.

Chelsea A. Anson
Notary Public

My Commission expires:

GENERAL NOTARY - State of Nebraska
CHELSEA A. ANSON
My Comm. Exp. October 6, 2020

File No. 6099985

Nebraska Title Company
5801 South 68th Street
Suite C
Lincoln, NE 68514