



After Recording Return To:
W. Michael Morrow
P.O. Box 83439
Lincoln, NE 68508

**AFFIDAVIT FOR SUCCESSION OF REAL PROPERTY
WITHOUT PROBATE UNDER NEBRASKA PROBATE CODE**

STATE OF NEBRASKA)
) SS.
COUNTY OF LANCASTER)

Barbara Ann Delgado, being first duly sworn upon oath, does hereby depose and state:

1. That she is the surviving spouse of Lorenzo Vincent Delgado (the "Decedent").
2. Thirty days (30) have elapsed since the death of the Decedent as shown by the certified copy of the Decedent's death certificate, which is attached to this Affidavit as **Exhibit "A"**.
3. That attached hereto as **Exhibit "B"** is a description of the real estate that would constitute a part of the probate estate of the Decedent (the "Real Estate"). That at the time of the Decedent's death, Decedent owned an undivided one-half interest in the Real Estate and this Affiant owned the other undivided one-half interest in the Real Estate.
4. That attached hereto as **Exhibit "C"** is a true and correct copy of the Decedent's March 29, 2010 Last Will and Testament, the original of which has been filed with the Lancaster County Court on a "Not-For-Probate" basis.
5. Affiant believes that the March 29, 2010 Last Will and Testament attached hereto constitutes the Last Will and Testament of the Decedent, that it was validly executed, and after the exercise of reasonable diligence is unaware of any instrument revoking the Last Will and Testament attached hereto.

6. No application or petition for the appointment of a Personal Representative for the Estate of the Decedent is pending or has been granted in any jurisdiction.
7. That pursuant to the attached Last Will and Testament Decedent's undivided one-half interest in the Real Estate is devised to this Affiant.
8. All creditors of the Decedent have been paid in full.
9. Affiant is entitled to the Decedent's interest in the Real Estate by devise under the attached Last Will and Testament of the Decedent.
10. That the value of the Decedent's entire probate estate and the value of Decedent's undivided one-half interest in the Real Estate, as determined from the value of said Real Estate as shown on the records of the Lancaster County Assessor for calendar year 2014, less real estate taxes and interest thereon (if any) at the time of the Decedent's death is less than \$30,000.00.
11. No other person has a right to the Decedent's interest in the Real Estate.
12. This Affidavit is made, executed and recorded for purposes of transferring Decedent's undivided one-half interest in the Real Estate to this Affiant.

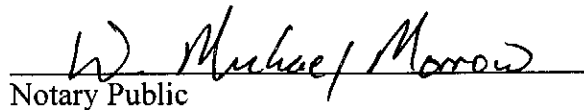
The undersigned states and affirms that all statements in the Affidavit are true and material and further acknowledges that any false statement may subject the person or persons to penalties relating to perjury under Section 28-415.

Dated this 17 day of May, 2014.


Barbara Ann Delgado

Subscribed and sworn to before me this 17th day of May, 2014.




Notary Public

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

03/25/2014

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 14-01332

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Lorenzo Vincent Delgado			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) March 20, 2014		
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Lincoln, Nebraska			5a. AGE - Last Birthday 79		5c. UNDER 1 DAY 0		
7. SOCIAL SECURITY NUMBER 507-36-2257			8a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility		6. DATE OF BIRTH (Mo., Day, Yr.) August 10, 1934		
8b. FACILITY NAME (if not institution, give street and number) 10510 Deer Valley Lane			<input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> Decedent's Home				
			<input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify)				
8c. CITY OR TOWN OF DEATH (include Zip Code) Lincoln 68526			8d. COUNTY OF DEATH Lancaster				
8e. RESIDENCE-STATE Nebraska		8f. COUNTY Lancaster		8g. CITY OR TOWN Lincoln			
9d. STREET AND NUMBER 10510 Deer Valley Lane			9e. APT. NO.		9f. ZIP CODE 68526		
					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			10b. NAME OF SPOUSE (First, Middle, Last, Suffix) if wife, give maiden name Barbara Eckel				
<input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown							
11. FATHER'S NAME (First, Middle, Last, Suffix) Vincent Delgado			12. MOTHER'S NAME (First, Middle, Maiden Surname) Carmen Garcia				
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No			14a. INFORMANT NAME Barbara Delgado		14b. RELATIONSHIP TO DECEDENT Spouse		
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 L. Todd Bisler		16b. LICENSE NO. 1152		16c. DATE (Mo., Day, Yr.) March 24, 2014	
16d. CEMETERY, CREMATORY OR OTHER LOCATION BML Cremation Service			CITY/TOWN Lincoln		STATE Nebraska		
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Butherus-Maser & Love Mortuary, 4040 A Street, Lincoln, Nebraska					17b. Zip Code 68510		
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) Renal Cancer					onset to death 19 Days		
Sequentially list conditions, if any, leading to the cause listed on line a. b)					onset to death		
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c)					onset to death		
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 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 20, 2014		23b. DATE SIGNED (Mo., Day, Yr.) March 21, 2014		23c. TIME OF DEATH 02:00 PM		24a. DATE SIGNED (Mo., Day, Yr.)	
						24b. TIME OF DEATH	
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) Sasha E. Miller, PA-C		23e. To be completed by CORONER'S PHYSICIAN OR COUNTY ATTORNEY ONLY		24c. PRONOUNCED DEAD (Mo., Day, Yr.)		24d. TIME PRONOUNCED DEAD	
						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)	
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input checked="" 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 (Type or Print) Sasha E. Miller, PA-C, 4004 Pioneer Woods Drive, Lincoln, Nebraska, 68506							
28a. REGISTRAR'S SIGNATURE <i>Jessie A. Heston</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) March 21, 2014			

To be completed/verified by: FUNERAL DIRECTOR

To be completed by: CERTIFIER

To be completed by: MEDICAL EXAMINER OR CORONER

Exhibit "A"

EXHIBIT "B"
TO
AFFIDAVIT

Legal Description

Parcel 1:

BODA
Lot Twenty-One (21), Block 3 & N-S alley & vacated Street, Boyer & Davis Subdivision, Lincoln, Lancaster County, Nebraska.

Parcel 2:

Block 3
Lots Twenty-Two (22), Twenty-Three (23), and Twenty-Four (24) Boyer and Davis Subdivision, Lincoln, Lancaster County, Nebraska.

Parcel 3:

BODA
The North-South alley located in Block Three (3), Boyer & Davis Subdivision from the South line of West K Street to the North Line of West J Street AND The South Half of West K Street from the East lot line (extended) of Lot Eleven(11), Block Three (3) to the West lot line (extended) of Lot Fifteen (15), Block Three (3), Boyer & Davis Subdivision AND that portion of the East-West alley located in Block Three (3), Boyer & Davis Subdivision from the East lot lines (extended) of Lots Eleven (11) and Twenty-Four (24) to the West lot lines (extended) of Lots Thirteen (13) and Twenty-Two (22) all in Block Three (3); AND that portion of the North Half of the East-West alley located in Block Three (3), Boyer & Davis Subdivision from the East lot line (extended) of Lot Fourteen (14) to the West lot line (extended) of Lot Fifteen (15), all in said Block Three (3).

Parcel 4:

Lincoln
The South 90 feet of Lot Seven (7), Block Seventy-Eight (78), Original Plat of Lincoln, Lancaster County, Nebraska.

Last Will and Testament of

LORENZO VINCENT DELGADO

I, Lorenzo Vincent Delgado of 10510 Deer Valley Lane, Lincoln, Nebraska declare publish this to be my Will.

I.

I direct my personal representative to pay all funeral expense and all other lawful debts enforceable against my estate as soon as practicable after my death, but no such debt shall be paid until it is due

II.

I give to my spouse, Barbara Ann Delgado, of 10510 Deer Valley Lane, Lincoln, Nebraska, all property of whatever nature which I may own at my death or which may become the property of my estate after my death to be hers absolutely.

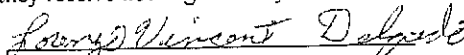
III.

If my spouse, Barbara Ann Delgado, shall fail to survive me by at least 30 days, her gift under this Will shall lapse and I then give all property of whatever nature which I may own at my death, or which may become the property of my estate after my death, as follows:

a. I give all real estate which I may own at my death or which may become the property of my estate after my death in equal shares to my son Scott A. Delgado of 4724 Birch Creek Dr., Lincoln, Nebraska and my son Ryan P. Delgado of 2444 Grainger Pkwy, Lincoln, Nebraska. If either of these sons shall fail to survive me then such deceased child's share shall be divided among the surviving issue of such child as if by representation. If either of my sons shall fail to survive me and shall leave no issue surviving me and such son, then such son's share shall be given to my other son entitled to this gift of real estate.

b. I give all the rest of the property of whatever nature which I may own at my death or which may become the property of my estate after my death in equal shares, one share to each of my sons, Scott a. Delgado and Ryan P. Delgado, who survive me, and one share collectively to the issue of each of my sons who die before me leaving issue surviving me. For purposes of this Will my sons do not include my son Joseph M. Delgado of 7320 Travis Dr., Lincoln, Nebraska, because it is my desire that my son Joseph M. Delgado and his issue take nothing from my estate either by testate or intestate succession or any other means including allowances and exemptions.

c. I also specifically do not include my children Michael Joseph Delgado, Ronald Glenn Delgado and Nick (Nicholas) Delgado as my children for the purposes of this gift or any other gift contained in this Will because it is my intention that they receive nothing from my estate either


Testator

Page one of three pages.

Exhibit "C"

through this Will or by intestate succession or any other means including allowances and exemptions. It is also my desire that my deceased son Rick Delgado and his issue take nothing from my estate either through this Will or by intestate succession or by any other means including allowances and exemptions.

IV.

I have made, or may make, disposition of certain items of non-income producing tangible personal property by written statement or lists separate from this Will, and authorized by Section 30-2338 Neb. Rev. Stat. 1943. It is my intent to dispose of the property described in such statement to the persons designated therein to receive it and to the extent that such disposition is effective, the provisions of such statement shall control the provisions of this Will. If such statement shall not be in existence at my death, or if in existence shall fail to dispose of the property described therein effectively, I devise such property as provided elsewhere in this Will.

V.

I appoint my Spouse, Barbara Ann Delgado, to act as personal representative of my estate and request that she serve without bond. In the event that my Spouse is unable or unwilling to serve as personal representative of my estate, I then appoint Ryan P. Delgado of 2444 Grainger Pkwy, Lincoln, Nebraska to serve as personal representative of my estate without bond. If both my spouse and Ryan P. Delgado are unable or unwilling to serve as personal representative of my estate, I then appoint Scott A. Delgado of 4724 Birch Creek Dr., Lincoln, Nebraska, to serve as personal representative of my estate without bond.

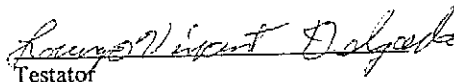
VI.

I empower my personal representative at her or his sole discretion to sell at public or private sale any or all property, real or personal, which I may own at the time of my death or which may be acquired by my estate after my death and to apply the proceeds from such sale together with distributions in kind to fulfill the bequests made in this Will.

VII.

I revoke all Wills and Codicils made before by me.

I, Lorenzo Vincent Delgado, the Testator, sign my name to this instrument on this ___ day of March, 2010, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this Instrument as my last Will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed and that I am eighteen years of age or older or am not at this time a minor, and am of sound mind and under no constraint or undue influence.


Testator

We, Brenda Gausman and Joni M. Bolek, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as his last Will and that he signs it willingly, and that he executes

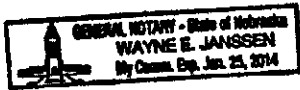
it as his free and voluntary act for the purposes therein expressed, and that each of us, in the presence and hearing of the Testator, hereby sign this Will as witnesses to the Testator's signing, and that to the best of our knowledge the Testator is eighteen years of age or older, or is not at this time a minor, and is of sound mind and under no constraint or undue influence.

Brenda Gausman
Witness

Joni M. Bolek
Witness

STATE OF NEBRASKA)
) ss
LANCASTER COUNTY)

Subscribed, sworn to and acknowledged by Lorenzo Vincent Delgado, the Testator, and subscribed and sworn to before me by Brenda Gausman and Joni M. Bolek, the witnesses, this 29 day of March, 2010.



Wayne E. Janssen
Notary Public

Lorenzo Vincent Delgado
Testator