

KNOW ALL MEN BY THESE PRESENTS, That

JOHN E. BOYD, a single person, and GENEVIEVE G. BOYD, a single person, formerly husband and wife,

, herein called the grantor whether one or more,

in consideration of Fifty-one Thousand Dollars (\$51,000.00)

received from grantees, does grant, bargain, sell convey and confirm unto

WILLIE J. VERBEEK and DONNA C. VERBEEK, husband and wife,

as joint tenants with right of survivorship, and not as tenants in common, the following described real property in Lancaster County, Nebraska :

Lots 15, 16 and 24, of Irregular Tracts in the West Half (W 1/2) of the Northwest Quarter (NW 1/4) of Section Six (6), Township Eight (8) North, Range Seven (7); Lots 9, 10, 11 and 12 of Irregular Tracts in the East Half (E 1/2) of the Northeast Quarter (NE 1/4) of Section One (1), Township Eight (8) North, Range Six (6); Lot 8, Block 7, in Jamaica Subdivision in the Southeast Quarter (SE 1/4) of Section Thirty-six (36), Township Nine (9) North, Range Six (6), East of the 6th P.M.; in Lancaster County, Nebraska

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 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 seised of said premises; that they are free from encumbrance except easements and restrictions of record if any there be;

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 February 3rd 19 73

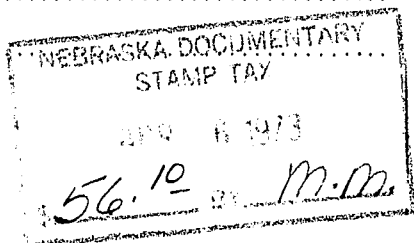
John E. Boyd

Genevieve G. Boyd

STATE OF CALIFORNIA, County of Alameda

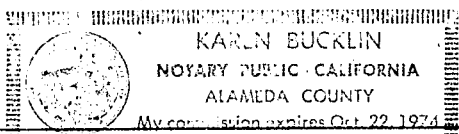
Before me, a notary public qualified for said county, personally came

JOHN E. BOYD, a single person,



known to me to be the identical person or persons who signed the foregoing instrument and acknowledged the execution thereof to be his, her or their voluntary act and deed.

Witness my hand and notarial seal on February 3rd, 19 73.



Notary Public My commission expires October 22, 19 74

STATE OF County ss.

Entered on numerical index and filed for record in the Register of Deeds Office of said County the day of, 19, at o'clock and minutes M., and recorded in Book of at page

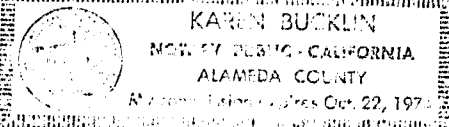
By Reg. of Deeds Deputy

STATE OF...CALIFORNIA....., County of.....Alameda.....:

Before me, a notary public qualified for said county, personally came

**GENEVIEVE G. BOYD, a single person**

known to me to be the identical person or persons who signed the foregoing instrument and acknowledged the execution thereof to be his, her or their voluntary act and deed.

Witness my hand and notarial seal on February 3rd, 19 73  

.....Notary Public  
My commission expires October 22, 19 74

STATE OF....., County of.....:

Before me, a notary public qualified for said county, personally came

known to me to be the identical person or persons who signed the foregoing instrument and acknowledged the execution thereof to be his, her or their voluntary act and deed.

Witness my hand and notarial seal on....., 19.....  
.....Notary Public  
My commission expires....., 19.....

STATE OF....., County of.....:

Before me, a notary public qualified for said county, personally came

known to me to be the identical person or persons who signed the foregoing instrument and acknowledged the execution thereof to be his, her or their voluntary act and deed.

Witness my hand and notarial seal on....., 19.....  
.....Notary Public  
My commission expires....., 19.....

INDEXED 7-211  
MICRO-FILED 6-12-211  
GENERAL 11B-382

LANCASTER COUNTY REG. OFF.  
Kenneth L. Ferguson  
REGISTER OF DEEDS  
1973 APR -6 PM 2:52

ENTERED ON  
NOTARIAL INDEX  
FILED FOR RECORD AS:  
INST. NO. 73- 6416

\$6.75

11  
11  
96

\$11.00

BOOK



04042730

INST. NO 2004

2004 JUN 28 P 3:46

042730

LANCASTER COUNTY, NE

IT  
CHFORED  
EM  
EMED

charge SNS \$11.00

\* Snyder & Stock  
1115 K St. #104  
68508

Please file regarding the following properties:  
 Lot 10 & 12, NE 1-8-6, Lancaster County, Nebraska  
 And  
 Lots 15, 24 & 35 NW 6-8-7 except North .23 +- AC of Lot 25  
 Lancaster County, Nebraska  
 For road (Inst. #01-73228)

Ohio Department of Health  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**  
 TYPE OR PRINT IN PERMANENT BLACK INK

State File No.

DO NOT WRITE IN MARGIN RESERVED FOR ODH DATA CODING

Reg. Dist. No. 1802  
 Primary Reg. Dist. No. 1802  
 Registrar's No. 513

a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_  
 e. \_\_\_\_\_

**DECEDENT**

IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION →

1. Decedent's Name (First, Middle, LAST) **Donna C. VERBEEK** 2. Sex **Female** 3. Date of Death (Month, Day, Year) **October 1, 2002**

4. Social Security Number **507-40-4576** 5a. Age-Last Birthday (Years) **75** 5b. Under One Year Months Days 5c. Under 1 Day Hours Minutes 6. Date of Birth (Month, Day, Year) **January 28, 1927** 7. Birthplace (City, County and State or Foreign Country) **Lincoln, NE**

8. Was Decedent Ever in U.S. Armed Forces?  Yes  No 9a. Place of Death (Check Only One) Hospital  Inpatient  ER/Outpatient  DOA  Other  Nursing Home  Residence  Other (Specify)

9b. Facility Name (If Not Institution, Give Street and Number) **Lakewood Hospital** 9c. City, Village, Twp., or Location of Death **Lakewood** 9d. County of Death **Cuyahoga**

10. Marital Status- Married, Never Married, Widowed, Divorced (Specify) **Married** 11. Surviving Spouse (If Wife, Give Maiden Name) **Willie Verbeek** 12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use Retired) **Homemaker** 12b. Kind of Business/Industry **Own Home**

13a. Residence-State **NE** 13b. County **Lancaster** 13c. City, Town, Twp., or Location **Roca** 13d. Street and Number **12000 South 25th**

13e. Inside City Limits?  Yes  No 13f. ZIP Code **68430** 14. Was Decedent of Hispanic Origin?  Yes  No (If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) 15. Race-American Indian, Black, White, etc. (Specify) **White** 16. Decedent's Education (Specify Only Highest Grade Completed) Elementary/Secondary (0-12) **12** College (1-4 or 5+)

**PARENTS**

17. Father's Name (First, Middle, Last) **George Christian** 18. Mother's Name (First, Middle, Maiden Surname) **Mary Pattee**

**INFORMANT**

19a. Informant's Name (Type/Print) **Willie Verbeek** 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, ZIP Code) **12000 South 25th, Roca, NE 68430**

**DISPOSITION**

20a. Method of Disposition  Burial  Cremation  Removal from State  Donation  Other (Specify) 20b. Place of Disposition (Name of Cemetery, Crematory, or Other Place) **Lincoln Memorial Park Cemetery** 20c. Location City or Town, State **Lincoln, NE**

20d. Date of Disposition **October 7, 2002** 21a. Name of Embalmer (First, Middle, Last) **Fred J. Schrembeck** 21b. License Number **8529 A**

22a. Signature of Funeral Director or Other Person **Robert J. Schuman** 22b. License Number (of Licensee) **4986** 23. Name and Address of Facility (Include City, State and ZIP code) **Inman Funeral Service 1601 Merwin Avenue Cleveland, Ohio 44113**

**REGISTRAR**

24. Registrar's Signature **Wendy M. Buckner** 25. Date Filed (Month, Day, Year) **Oct. 4, 2002**

26a. Signature of Person Issuing Permit **[Signature]** 26b. Dist. No. 27. Date Permit Issued

**CERTIFIER**

28a. Certifier (Check Only One)  Certifying Physician To the best of my knowledge, death occurred at the time, date, and place; and due to the cause(s) and manner as stated.  Coroner 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) and manner as stated.

28b. Time of Death **8:46 AM** 28c. Date Pronounced Dead (Month, Day, Year) **10-1-02** 28d. Was Case Referred to Coroner?  Yes  No

28e. Signature and Title of Certifier **[Signature]** 28f. License Number **35-032276** 28g. Date Signed (Month, Day, Year) **10-3-02**

29. (Type/Print) Name (First, Middle, Last) and Address of Person who Completed Cause of Death (Include City, State and ZIP code) **Dr. German L. Peri 29101 Health Campus Dr #475 Westlake OH 44145**

**CAUSE OF DEATH**

SEE INSTRUCTIONS ON REVERSE SIDE

30. Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent black ink. Approximate Interval Between Onset and Death

Immediate Cause (Final disease or condition resulting in death)	a. <b>SEPSIS <del>Campylobacter</del></b>	<b>7 Days</b>
Sequentially list conditions, if any, leading to the immediate cause. Enter Underlying Cause Last (Disease or injury that initiated events resulting in death)	b. Due to (or as a Consequence of) <b>ISCHEMIC ENCEPHALOPATHY</b>	<b>7-8 Days</b>
	c. Due to (or as a Consequence of) <b>PROLONGED HYPERTENSION w/ BRADYCARDIA</b>	<b>7-10 Days</b>
	d. Due to (or as a Consequence of) <b>SSS SIP - VALVE REPLACEMENT FAILURE</b>	<b>9/14/02</b>

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. **COPD Exacerbation**

31a. Was an Autopsy performed?  Yes  No 31b. Were Autopsy Findings Available Prior to Completion of Cause of Death?  Yes  No

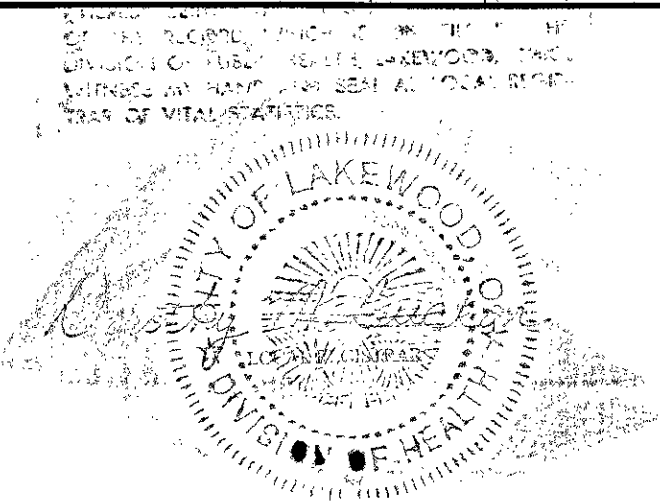
32. Manner of Death  Natural  Pending Investigation  Accident  Suicide  Homicide  Could Not be Determined

33a. Date of Injury (Month, Day, Year) 33b. Time of Injury **M.** 33c. Injury at Work?  Yes  No 33d. Describe How Injury Occurred

33e. Place of Injury - At Home, Farm, Street, Factory, Office Building, etc. (Specify) 33f. Location (Street and Number or Rural Route Number, City or Town, State)

HEA 2717 5152.06 Rev. 2/97

OCT - 4 2002





**INSTRUMENT OF DISTRIBUTION OF REAL PROPERTY  
BY PERSONAL REPRESENTATIVE**

THIS instrument is made by George L. Verbeek, as Personal Representative of the Estate of Willie J. Verbeek, Deceased, GRANTOR (whether one or more), to George L. Verbeek, GRANTEE (whether one or more). Grantor was duly appointed the Personal Representative of said estate and is now qualified and acting in said capacity;

GRANTOR has determined that the GRANTEE is entitled to distribution of the hereinafter-described real property. GRANTOR covenants with GRANTEE that GRANTOR is authorized to distribute the same to GRANTEE.

NOW, THEREFORE, GRANTOR, conveys, assigns, transfers, and releases to GRANTEE the following described real property:

← Lots 10 and 12 in the East Half of the Northeast Quarter of Section 1, Township 8 North, Range 6 East of the 6<sup>th</sup> P.M. in Lancaster County, Nebraska

Lots 15, 24 and 40 in the Northwest Quarter of Section 6, Township 8 North, Range 7 East of the 6<sup>th</sup> P.M. in Lancaster County, Nebraska

EXECUTED: June 29, 2012

George L. Verbeek  
Personal Representative  
Estate of Willie J. Verbeek, Deceased.

Return To:  
Nebraska Title Company  
60th & Old Cheney Road  
Suite 300  
P.O. Box 6169  
Lincoln, NE 68506  
(402) 476-8818

6072373 NT-COM

STATE OF NEBRAKA            )  
  ) ss.  
COUNTY OF LANCATER        )

The foregoing instrument was acknowledged before me on June 29, 2012 by George L. Verbeek, Personal Representative of the Estate of Willie J. Verbeek, Deceased

  
\_\_\_\_\_  
Notary Public

