

8 54

FILED

05 JUL 19 PM 2:13

STATE OF CALIFORNIA)
COUNTY OF SANTA CLARA)

CHARLOTTE L. PETERSEN
WASHINGTON COUNTY, CLERK
BLAIR, NEBR.

BEFORE ME, The undersigned Notary Public, on this day personally appeared Eleanor P. Shaner, Affiant, who personally confirmed her identity presenting a California drivers license as identification and appearing to be fully competent, upon being duly sworn, stated upon Affiant's oath the following:

That Affiant desires to make some statements of fact regarding the real estate legally described as:

Blocks 2, 3 and 27 of the City of Fort Calhoun and the South one-half of the Southeast quarter and Tax Lot 13, all in Section 1, Township 17 North, Range 12; the Northeast quarter, the East one-half of the Northwest quarter and Tax Lot 20, all in Section 12, Township 17 North, Range 12; Tax Lot 8 in Section 6, Township 17, Range 13; the Northwest quarter; the Northeast quarter, the North one-half of the Southeast quarter, and the Northeast quarter of the southwest quarter, all in Section 7, Township 17, Range 13; the Southeast quarter, the North one-half of the Southwest quarter, the South one-half of the Northeast quarter and Tax Lot 14, all in Section 8, Township 17 North, Range 13; the South one-half of the Northwest quarter and Tax Lot 9, all in Section 9, Township 17, Range 13; all East of the 6th P.M., in Washington County, Nebraska.

And hereinafter for convenience referred to as "the farm".

The Omaha National Bank as Trustee of the estate of George Neale deceased, deeded the farm to Mable McArther and Eleanor P. Shaner, as tenants in common, an undivided one-half interest. Said deed recorded July 24, 1974 in Deed Book 102, Page 735. Affiant states that this undivided one-half interest was from the marital testamentary trust of the estate of George Neale deceased.

That she and Vaughn C. Shaner executed a declaration of trust dated May 10, 1979 titled the Vaughn C. and Eleanor P. Shaner trust under agreement dated May 10, 1979. Under the terms of the agreement Vaughn C. Shaner and G. Neale Shaner were Co-Trustees.

And hereinafter for convenience referred to as "the trust".

Subsequently, Eleanor P. Shaner deeded her undivided one-quarter interest to the trust. Said deed recorded August 15, 1979 in Record Book 124, Page 261.

Subsequently, Firstier Bank, N.A. formerly known as Omaha National Bank under the will of George Neale deceased, granted an undivided one-fourth interest to G. Neale Shaner, Trustee, and Eleanor P. Shaner, Co-Trustee, of the Vaughn C. and Eleanor P. Shaner Trust under agreement dated May 10, 1979 in Trustee's deed recorded May 30, 1991 in Record Book 193, Page 489 and also an undivided one-fourth interest to Mabel

Recorded ✓
General
Numerical 11111111
Photostat
Prooted

8 54

STATE OF NEBRASKA COUNTY OF WASHINGTON)SS 20050333c
ENTERED IN NUMERICAL INDEX AND FILED FOR RECORD
THIS 19th DAY OF July A.D. 2005
AT 2:13 O'CLOCK P.M. AND RECORDED IN BOOK
467 AT PAGE 854-857
COUNTY CLERK Charlotte L. Petersen
DEPUTY Karen Madson

467-854

F. McArthur and Denning D. McArthur, Trustees under Declaration of trust dated March 29, 1974 in Trustee's deed recorded May 30, 1991 in Record Book 193, Page 488. Said deeds were from the residuary testamentary trust of the estate of George Neale, deceased.

Vaughn C. Shaner died on March 8, 1988. A copy of his death certificate is attached hereto and incorporated herein by reference. The terms of the trust agreement provided that in the event of death or resignation of a trustee Eleanor P. Shaner would become a Co-Trustee. On the death of Vaughn C. Shaner she accepted the office of Co-Trustee under the terms of the agreement dated May 10, 1979.

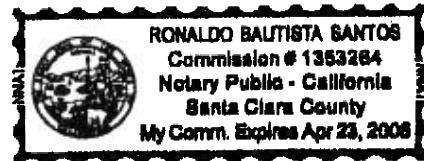
Dated this 27th day of JUNE, 2005

Eleanor P. Shaner
ELEANOR P. SHANER

Sworn and subscribed to before me this 27th day of JUNE, 2005.

[Signature]
NOTARY PUBLIC

My commission expires April 23, 2006



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

88-094378

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3-88-41-000964

1A. NAME OF DECEDENT--FIRST Vaughn		1B. MIDDLE C.		1C. LAST Shaner		2A. DATE OF DEATH MONTH, DAY, YEAR 1926 March 8, 1988	
3. SEX Male		4. RACE/ETHNICITY White		5. SPANISH/Hispanic <input type="checkbox"/> NO		7. AGE 75 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Nebraska		9. NAME AND BIRTHPLACE OF FATHER Harry Shaner - Illinois		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Anna Sowle - Nebraska		11. DATE OF BIRTH MONTH, DAY, YEAR October 10, 1912	
11A. CITIZEN OF WHAT COUNTRY U.S.A.		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 TO 19		12. SOCIAL SECURITY NUMBER 073-75-7969-4		13. MARITAL STATUS Married	
18. PRIMARY OCCUPATION Manager		19. NUMBER OF YEARS THIS OCCUPATION 40		17. EMPLOYER IF SELF-EMPLOYED, SO STATE Eastman Kodak		16. NAME OF SURVIVING SPOUSE IF WIFE, BIRTH NAME Eleanor Neale	
18A. USUAL RESIDENCE--STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2132 Carmelita Avenue		18B. CITY OR TOWN San Mateo		18C. COUNTY San Mateo		18D. STATE California	
21A. PLACE OF DEATH Mills Memorial Hospital		21B. CITY OR TOWN San Mateo		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 100 South San Mateo Drive		21D. CITY OR TOWN San Mateo	
22. DEATH WAS CAUSED BY IMMEDIATE CAUSE Metastatic Prostate Cancer		23. OTHER SIGNIFICANT CONDITIONS CONTINUING TO DEATH BUT NOT REFERRED TO CAUSE OF DEATH Debilitation		24. WAS DEATH REPORTED TO CORONER? YES		25. WAS AUTOPSY PERFORMED? NO	
26A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. (ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 6-20-86)		26B. I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 2-19-88		26C. PHYSICIAN--SIGNATURE AND LICENSE OR TITLE Fuad Fraiha, M.D., 300 Pasteur Drive, Palo Alto, CA		26D. DATE SIGNED 3-10-88	
27. DATE--MONTH, DAY, YEAR March 10, 1988		28. NAME AND ADDRESS OF CEMETERY OR CREMATORY Skylawn Memorial Park, San Mateo Co., CA		29. FUNERAL HOME'S LICENSE NUMBER AND SIGNATURE not embalmed		30. DATE ACCEPTED BY LOCAL REGISTRAR MAR 10 1988	
31. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Patterson & O'Connell		32. LICENSE NO. 948		33. LOCAL REGISTRAR--SIGNATURE Marie Aguirre M.D.		34. DATE ACCEPTED BY LOCAL REGISTRAR MAR 10 1988	
35. STATE REGISTRAR 1		36. STATE REGISTRAR X		37. STATE REGISTRAR 2		38. STATE REGISTRAR 3	

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

Michael L. Rodrian
MICHAEL L. RODRIAN
STATE REGISTRAR OF VITAL RECORDS

05 JUN 23 PM 12:58



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

88-034378

AFFIDAVIT TO AMEND A RECORD

3-88-41-000964

STATE CERTIFICATE NUMBER BIRTH DEATH FETAL DEATH MARRIAGE LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A. FIRST NAME Vaughn	1B. MIDDLE NAME D.	1C. LAST NAME Shaner
	2. SEX Male	3. DATE OF EVENT March 8, 1988	4. PLACE OF OCCURRENCE - CITY AND COUNTY San Mateo - San Mateo County
	5. NAME OF FATHER Harry Shaner	6. BIRTHNAME OF MOTHER Anna Soule	

PART II STATEMENT OF CORRECTIONS

7. ITEM NUMBER	8A. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8B. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
12	073-75-7969	073-05-7969-A
REASON FOR CORRECTION *to correct the record		

PART III SUPPORTING AFFIDAVITS

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

FIRST SUPPORTING AFFIDAVIT	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>Harry M. Shaner</i>	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 Funeral Director	12. AGE OF PERSON COMPLETING THE AFFIDAVIT adult
	13. DATE SIGNED Mar. 14, 1988	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 1780 Adams, San Mateo, CA 94403	
SECOND SUPPORTING AFFIDAVIT	15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>Michael L. Rodrian</i>	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 Secretary	17. AGE OF PERSON COMPLETING THE AFFIDAVIT adult
	18. DATE SIGNED 3-14-88	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 1541 Lago Street, San Mateo, CA 94403	
STATE OR LOCAL REGISTRAR USE ONLY	20. DATE ACCEPTED MAR 22 1988	21. OFFICE OF THE STATE OR LOCAL REGISTRAR OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS REV. 7-84, Form VS-24

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.



Michael L. Rodrian
MICHAEL L. RODRIAN
STATE REGISTRAR OF VITAL RECORDS

05 JUN 23 PM 12:58

DATE ISSUED



002046313



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE