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RETURN TO:

John C Chatelain

14707 California St #1

Omaha, NE 68154

402-332-8488

CHECK NUMBER

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EXHIBIT

10

SS 12/2/24

STATE OF NEBRASKA )

COUNTY OF Douglas )  
(county in which the document will be signed)

**Affidavit for Transfer of Real Property without Probate**

I, Barbara J. Humphrey, under penalty of perjury (Nebraska Revised Statute § 28-915),  
(your name)  
affirm the following to be true:

1. Thirty days have passed since the death of Donald W. Humphrey and I have attached  
(deceased's name)  
to this affidavit a certified or authenticated copy of the death certificate;
2. The deceased is the sole owner of the real property described as An undivided 1/2 interest in Lot 16, Dillons 11th Addition, an addition to the City of Omaha, Douglas  
County, Nebraska (7205 North Ridge Drive, Omaha, Nebraska 68112)
3. Based on the assessed value of the real property through the County Assessor/Register of Deeds in  
the year of death, less real estate taxes and interest on real estate taxes if any is due at the time of  
death, the value of all the real property in Nebraska belonging to the deceased is  
\$50,000.00 or less and the value of the entire estate (real property value *plus* personal property  
value) is \$ 24,850.00;
4. There is no Personal Representative, application for Personal Representative, or petition for  
Personal Representative either pending or granted in another court;
5. ☐ I am the \_\_\_\_\_ of the deceased and am entitled to the real  
(your relationship to the deceased)  
property by reason of the homestead allowance, exempt property allowance, family allowance, or by  
intestate succession pursuant to Nebraska Probate Code §30-24,129  
OR  
☒ I am entitled to the real property per the will of the deceased and I have made an  
investigation and have been unable to determine any subsequent will;
6. No other person has a right to the real property;
7. I will file this affidavit with the Register of Deeds Office of the county in which the real property is  
located ( Douglas County); and
8. I will file the affidavit and certified or authenticated copy of the death certificate in any other county in  
Nebraska in which the deceased owns real property that is subject to this affidavit.

September 25, 2018  
Date  
3922 Terrace Drive  
Address (line 1)  
Omaha, Nebraska 68134  
Address (line 2)

Barbara J. Humphrey  
Signature  
(do NOT sign UNTIL A NOTARY IS PRESENT AND WITNESSES YOU SIGNING)

Attachment: certified or authenticated copy of Death Certificate

NOTARY

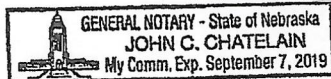
State of Nebraska, County of Douglas

This document was acknowledged before me on the 25 day of September, 2018.  
(day) (month) (year)

by Barbara J. Humphrey  
(name of Affiant)

[Signature] (Seal, if any)  
Signature of Notary

My commission expires: September 19, 2019.





## DOUGLAS COUNTY

WHEN THIS COPY CARRIES THE RAISED SEAL OF DOUGLAS COUNTY, NEBRASKA, IT CERTIFIES THE DOCUMENT BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE DOUGLAS COUNTY HEALTH DEPARTMENT, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS

DATE OF ISSUANCE  
09/05/2018  
OMAHA, NEBRASKA

AD. H. FOW, Ph.D.  
ADJ. POOR  
HEALTH DIRECTOR  
DOUGLAS COUNTY HEALTH  
DEPARTMENT

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATE OF DEATH

18 11255

Pursuant to section 30-2413, demands for notice which may affect the estate of the deceased are filed with the county court in the county where the decedent resided at the time of death.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>Donald Walter Humphrey</b>			2. SEX <b>Male</b>		3. DATE OF DEATH (Mo., Day, Yr.) <b>August 24, 2018</b>	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH <b>Iowa</b>			5a. AGE - Last Birthday (Yrs.) <b>74</b>		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.	
7. SOCIAL SECURITY NUMBER <b>506-56-7450</b>			8a. PLACE OF DEATH <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify)		6. DATE OF BIRTH (Mo., Day, Yr.) <b>July 16, 1944</b>	
8b. FACILITY NAME (If not institution, give street and number) <b>Nebraska Medicine</b>			8c. CITY OR TOWN OF DEATH (Include Zip Code) <b>Omaha 68198</b>		8d. COUNTY OF DEATH <b>Douglas</b>	
9a. RESIDENCE-STATE <b>Nebraska</b>			9b. COUNTY <b>Douglas</b>		9c. CITY OR TOWN <b>Omaha</b>	
9d. STREET AND NUMBER <b>3922 Terrace Dr.</b>			9e. APT. NO.		9f. ZIP CODE <b>68134</b>	
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 <b>Barbara Novotny</b>		9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. FATHER'S NAME (First, Middle, Last, Suffix) <b>Howard Humphrey</b>			12. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Margaret Whiteford</b>			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No			14a. INFORMANT NAME <b>Barbara Humphrey</b>			
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)			16a. EMBALMER SIGNATURE <b>Not Embalmed</b>		16b. LICENSE NO.	
16c. GEMETERY, CREMATORY OR OTHER LOCATION <b>Westlawn-Hillcrest Crematory</b>			CITY / TOWN <b>Omaha</b>		STATE <b>Nebraska</b>	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) <b>Westlawn-Hillcrest Memorial Park &amp; Funeral Home, 5701 Center Street, Omaha, Nebraska</b>			17b. Zip Code <b>68106</b>		17c. Relationship to Decedent <b>Spouse</b>	
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.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) a) Metastatic Pancreatic Cancer						
DUE TO, OR AS A CONSEQUENCE OF: b)						
DUE TO, OR AS A CONSEQUENCE OF: c)						
DUE TO, OR AS A CONSEQUENCE OF: d)						
APPROXIMATE INTERVAL onset to death 1 Month						
18. PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not resulting in the underlying cause given in PART I. <b>Diabetes Mellitus, Hyperlipidemia, Hypertension, End Stage Renal Disease</b>						
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)	
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	
23a. DATE OF DEATH (Mo., Day, Yr.) <b>August 24, 2018</b>			23b. DATE SIGNED (Mo., Day, Yr.) <b>August 31, 2018</b>		23c. TIME OF DEATH <b>11:35 PM</b>	
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) <b>Todd Sauer, MD</b>			23e. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		23f. WAS CONSENT GRANTED? Not Applicable if 23e is NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
24a. DATE SIGNED (Mo., Day, Yr.)			24b. TIME OF DEATH		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 checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN			26a. REGISTRAR'S SIGNATURE <b>Ad. H. FOW, Ph.D.</b>			
26b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>September 5, 2018</b>						

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