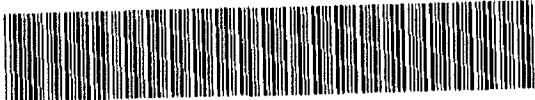


Reference



MISC 2006136828



DEC 04 2006 10:08 P 3

Received - DIANE L. BATTIATO
Register of Deeds, Douglas County, NE
12/4/2006 10:08:56.14



2006136828

THE ABOVE SPACE IS FOR REGISTER OF DEEDS RE

LEGAL DESCRIPTION: (SEE ATTACHED)

LOT Pt Lot B BLOCK _____

ADDITION Kensington

Decedent Name RICHARD ALLEN SACHA

		misc	
	FEE	<u>1550</u>	FB <u>54-19540</u>
B	BKP	_____	C/O _____ COMP <u>BW</u>
3	DEL	_____	SCAN _____ FV _____
T			

RETURN: JULIE HILDRETH
9324 JAYNES STREET
OMAHA, NE 68134

(12)

v65173

L-1644707

CERTIFICATE OF DEATH

319933

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Richard Allen Sacha			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) Dec 4, 2005	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Chicago, Illinois			5a. AGE-Last Birthday (Yrs.) 71	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) Apr 20, 1934
7. SOCIAL SECURITY NUMBER 487-34-1246			8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home/LTC <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) Immanuel Medical Center 6901 N 72nd St			8c. CITY OR TOWN OF DEATH (include Zip Code) Omaha 68122			
9a. RESIDENCE-STATE Nebraska			9b. COUNTY Douglas		9c. CITY OR TOWN Omaha	
9d. STREET AND NUMBER 5132 Hartman			9e. APT. NO.	9f. ZIP CODE 68104	9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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. Joyce Jensen			
11. FATHER'S NAME (First, Middle, Last, Suffix) Elben A. Sacha			12. MOTHER'S NAME (First, Middle, Maiden Surname) Stella Lemmer			
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) Yes Korea 1951 1955			14a. INFORMANT-NAME Evan Sacha		14b. RELATIONSHIP TO DECEDENT Son	
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 <i>Ken M. Steier</i>		16b. LICENSE NO. 1027	16c. DATE (Mo., Day, Yr.) 12/9/2005	
16d. CEMETERY, CREMATORY OR OTHER LOCATION Elmore Crematory Omaha, Nebraska			16e. CITY/TOWN STATE			
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Roeder Mortuary, Inc. 2727 N. 108th Street Omaha, NE					17b. Zip Code 68164-3705	
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: (a) <i>Cardiac Arrhythmia</i>						onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO, OR AS A CONSEQUENCE OF: (b)						onset to death
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (c)						onset to death
DUE TO, OR AS A CONSEQUENCE OF: (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 checked="" type="checkbox"/> YES <input 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	
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 checked="" 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.) December 4, 2005		23b. DATE SIGNED (Mo., Day, Yr.) December 5, 2005		23c. TIME OF DEATH 4:44 p.m.	24a. DATE SIGNED (Mo., Day, Yr.)	
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>James M. Steier</i>		23e. To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY	24b. TIME OF DEATH m	24c. PRONOUNCED DEAD (Mo., Day, Yr.)	24d. TIME PRONOUNCED DEAD m	
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) James M. Steier, M.D.; 6828 N. 72nd St., #3100; Omaha, NE 68122						
28a. REGISTRAR'S SIGNATURE <i>Adel + Cur</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) DEC 6 2005		

This certifies this document to be a true copy of an original record on file with Vital Statistics, Douglas County Health Dept., Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproductions of this green certificate are not legal copies.

Date Issued: DEC 6 2005

Registrar: *Adel + Cur*

LEGAL DESCRIPTION

That part of Lot 13, Kensington, a subdivision, as surveyed, platted and recorded in Douglas County, Nebraska, described as follows: Commencing at the S. W. corner of said Lot 13; thence Northerly 17.00 feet on the West line of said Lot 13; thence Easterly 22.00 feet on a line 17.00 feet North of and parallel to the South line of said Lot 13 to the point of beginning; thence continuing Easterly 186.83 feet on a line 17.00 feet North of and parallel to the South line of said Lot 13; thence Northerly 133.00 feet on a line 208.83 feet East of and parallel to the West line of said Lot 13; thence Westerly 191.83 feet on a line 150.00 feet North of and parallel to the South line of said Lot 13; thence Southerly 128.00 feet on a line 17.00 feet East of and parallel to the West line of said Lot 13; thence Southeasterly 7.07 feet to the point of beginning, subject to roads and easements of record.

Together with a nonexclusive easement for driveway purposes Dated November 27, 1963 and Recorded in the Office of Register of Deeds, of Douglas County, Nebraska, on February 11, 1964, in Book 408, Page 423, Miscellaneous Records.