


DON CLARK
 REGISTER OF DEEDS
 SAUNDERS COUNTY NE
 2018 May 31 PM 02:56
 BOOK GEN 504
 PAGE 1075 TO 1076
 INST# 2018-05-432


 Electronically Recorded

**SPACE ABOVE RESERVED FOR
 REGISTER OF DEEDS OFFICE RECORDING INFORMATION**

Please Return recorded document to:
 Nebraska Title Company
 402 North 5th Street
 David City, NE 68632
 6100481

TITLE OF DOCUMENT: CERTIFICATE OF DEATH

LEGAL DESCRIPTION: The East Half of the Southeast Quarter (E $\frac{1}{2}$ SE $\frac{1}{4}$) of Section Fifteen (15), Township Fifteen (15), Range Eight (8), Saunders County, Nebraska,

Except that portion deeded to The State of Nebraska by Warranty Deed recorded August 10, 1939 in Book 72, Page 504 being more particularly described as follows:

A strip of land extending over and across the Easterly part of the Southeast Quarter (SE $\frac{1}{4}$) of Section Fifteen (15), Township Fifteen (15) North, Range Eight (8) East of the 6th P.M., Saunders County, Nebraska, described as follows:

Beginning at the Southeast corner of said Section Fifteen (15); thence Northerly on the East line of the Southeast Quarter (SE $\frac{1}{4}$) of said Section Fifteen (15) a distance of 2,683.5 feet to the Northeast corner of said Southeast Quarter (SE $\frac{1}{4}$); thence Westerly on the North line of said Southeast Quarter (SE $\frac{1}{4}$) a distance of 40.0 feet; thence Southerly on a line 40 feet Westerly from and parallel to the East line of said Southeast Quarter (SE $\frac{1}{4}$) a distance of 2,683.8 feet to a point on the South line of said Southeast Quarter (SE $\frac{1}{4}$); thence Easterly on said South line, a distance of 40.0 feet to the point of beginning.

And further except that portion deeded to The State of Nebraska by Warranty Deed recorded January 13, 1955 in Book 95, Page 219 being more particularly described as follows:

The East 60.0 feet of the East Half of the Southeast Quarter (E $\frac{1}{2}$ SE $\frac{1}{4}$) of Section Fifteen (15), Township Fifteen (15) North, Range Eight (8) East of the 6th P.M., Saunders County, Nebraska.

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE STATE OF NEBRASKA, IT CERTIFIES THE DOCUMENT 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



Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT HEALTH AND HUMAN SERVICES

DATE OF ISSUANCE
5/31/2018
LINCOLN, NEBRASKA

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

17 13521

432-2

To be completed by: FUNERAL DIRECTOR

To be completed by: CERTIFIER

To be completed by: MEDICAL CERTIFIER ONLY

To be completed by: CHURCH'S PASTOR OR COUNTY ATTORNEY ONLY

To be completed by: CHURCH'S PASTOR OR COUNTY ATTORNEY ONLY

To be completed by: CHURCH'S PASTOR OR COUNTY ATTORNEY ONLY

Form with sections: 1. DECEDENT'S NAME, 2. SEX, 3. DATE OF DEATH, 4. CITY AND STATE, 5a. AGE, 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH, 7. SOCIAL SECURITY NUMBER, 8a. PLACE OF DEATH, 8b. FACILITY NAME, 8c. CITY OR TOWN OF DEATH, 8d. COUNTY OF DEATH, 9a. RESIDENCE STATE, 9b. COUNTY, 9c. CITY OR TOWN, 9d. STREET AND NUMBER, 9e. APT. NO., 9f. ZIP CODE, 9g. INSIDE CITY LIMITS, 10a. MARITAL STATUS AT TIME OF DEATH, 10b. NAME OF SPOUSE, 11. FATHER'S NAME, 12. MOTHER'S NAME, 13. EVER IN U.S. ARMED FORCES?, 14a. INFORMANT NAME, 14b. RELATIONSHIP TO DECEDENT, 15. METHOD OF DISPOSITION, 16a. EMBALMER SIGNATURE, 16b. LICENSE NO., 16c. DATE, 16d. CEMETERY, 17. FUNERAL HOME NAME AND MAILING ADDRESS, 18. CAUSE OF DEATH, 19. WAS MEDICAL EXAMINER OR CORONER CONTACTED?, 20. IF FEMALE, 21a. MANNER OF DEATH, 21b. TRANSPORTATION INJURY, 21c. WAS AN AUTOPSY PERFORMED?, 21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?, 22a. DATE OF INJURY, 22b. TIME OF INJURY, 22c. PLACE OF INJURY, 22d. INJURY AT WORK?, 22e. DESCRIBE HOW INJURY OCCURRED, 22f. LOCATION OF INJURY, 23a. DATE OF DEATH, 23b. DATE SIGNED, 23c. TIME OF DEATH, 23d. TIME PRONOUNCED DEAD, 23e. PRONOUNCED DEAD, 24. On the basis of examination and/or investigation, 25. DID TOBACCO USE CONTRIBUTE TO THE DEATH?, 26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED?, 26b. WAS CONSENT GRANTED?, 27. NAME, TITLE AND ADDRESS OF CERTIFIER, 28. REGISTRAR'S SIGNATURE, 28b. DATE FILED BY REGISTRAR.

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