



DCERT 2016069390



AUG 25 2016 14:44 P 3

Nebr Doc Stamp Tax
8-25-16
Date
\$ Ex-17
By JB

dcert 3/9
 FEE 22.00 FB 19-05300
 BKP _____ C/O _____
 DEL _____ SCAN _____ FV-CF
 B cash

Received - DIANE L. BATTIATO
 Register of Deeds, Douglas County, NE
 8/25/2016 14:44:37.08



2016069390

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

RETURN TO: NANCY L. MANDOLFO
1919 Park Avenue
Omaha, Ne 68106
402-871-3339

**CERTIFIED DEATH CERTIFICATE PURSUANT TO
 TRANSFER ON DEATH DEED**

2016022511
 PREVIOUS DEED RECORDING INFORMATION

GRANTOR: GARY LEO MANDOLFO
 (Deceased Person's Name)

SURVIVING
 GRANTEE(S): NANCY L. MANDOLFO

FULL & COMPLETE LEGAL DESCRIPTION - OR ATTACH LEGAL DESCRIPTION ON PAGE 2 IF
 ADDITIONAL SPACE IS NEEDED:

See Exhibit "A" Legal Description Page 2

EXHIBIT "A"
LEGAL DESCRIPTION

Lots 47, 57, 58, and 59, Burr Oak, an addition to the City of Omaha in Douglas, County, Nebraska.

And

Lots 45 and 46, Burr Oak, an addition to the City of Omaha in Douglas County, Nebraska, except that part described as follows: Beginning at the Northeast corner of said Lot 45; thence Westerly a distance of 80.00 feet along the North line of said Lot 45; thence Southerly deflecting 90 degrees, 17 minutes, 11 seconds left, a distance of 50.00 feet to a point on the South line of said Lot 45; thence Southeasterly deflecting 050 degrees, 01 minutes, 32 seconds left, a distance of 78.29 feet to a point on the South line of said Lot 46; thence Easterly deflecting 039 degrees, 41 minutes, 17 seconds left, a distance of 20.00 feet to a point on the Westerly existing Interstate 480 Right of Way line; thence Northerly deflecting 090 degrees, 17 minutes, 11 seconds left, a distance of 100.00 feet along the said Right of Way line to the point of beginning.

And

Lots 48, 49, and 60, Burr Oak, an addition to the City of Omaha in Douglas County, Nebraska, except that part described as follows: Beginning at the Northeast corner of said Lot 48; thence Southerly a distance of 133.00 feet along the West line of said 29th Street to a point on the centerline of Ed Creighton Street; thence Westerly deflecting 090 degrees, 00 minutes, 00 seconds right, a distance of 300.00 feet along the centerline of said street to point on the East line of said Park Ave. ; thence Northerly deflecting 090 degrees, 00 minutes, 00 seconds right, a distance of 53.00 feet along said line; thence Easterly deflecting 090 degrees, 00 minutes, 00 seconds right, a distance of 100.00 feet; thence Southerly deflecting 090 degrees, 00 minutes, 00 seconds right, a distance of 10.00 feet; thence Easterly deflecting 090 degrees, 00 minutes, 00 seconds left, a distance of 155.00 feet; thence Northeasterly deflecting 063 degrees, 26 minutes, 06 seconds left, a distance of 100.62 feet to the point of beginning.

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
7/12/2016
OMAHA, NEBRASKA

Ad. M. Pour, Ph.D.
ADI POUR
HEALTH DIRECTOR
DOUGLAS COUNTY HEALTH
DEPARTMENT

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

361902

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Gary L. Mandolfo			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) May 27, 2016		
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Omaha, Nebraska			5a. AGE-Last Birthday 65		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.		
7. SOCIAL SECURITY NUMBER 506-66-2395			8a. PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DOA <input type="checkbox"/> Other(Specify)				
8b. FACILITY NAME (If not institution, give street and number) Nebraska Medicine			8. DATE OF BIRTH (Mo., Day, Yr.) May 13, 1951				
8c. CITY OR TOWN OF DEATH (Include Zip Code) Omaha 68198			8d. COUNTY OF DEATH Douglas				
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Douglas		9c. CITY OR TOWN Omaha			
9d. STREET AND NUMBER 1941 Park Avenue			9e. APT. NO.		9f. ZIP CODE 68105		
9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
10a. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Unknown			10b. NAME OF SPOUSE (First, Middle, Last, Suffix) if wife, give maiden name.				
11. FATHER'S NAME (First, Middle, Last, Suffix) Tony L. Mandolfo			12. MOTHER'S NAME (First, Middle, Maiden Surname) Lois E. Augustus				
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No			14a. INFORMANT NAME Nancy Mandolfo		14b. RELATIONSHIP TO DECEDENT Sister		
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 Not Embalmed		16b. LICENSE NO.		16c. DATE (Mo., Day, Yr.) June 3, 2016	
18d. CEMETERY, CREMATORY OR OTHER LOCATION Cutler-O'Neil-Meyer-Woodring Crematory			CITY/TOWN Council Bluffs		STATE Iowa		
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Korisko Larkin Staskiewicz and Heafey Hoffmann Dworak and Cutler, 5108 F Street, Omaha, Nebraska					17b. Zip Code 68117		
CAUSE OF DEATH (See Instructions and examples)							
18. PART I. Enter the <i>chain of events</i> - 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: (Final disease or condition resulting in death) a) <u>Respiratory failure</u>						onset to death <u>4 days</u>	
DUE TO, OR AS A CONSEQUENCE OF: b) <u>Metastatic lung cancer</u>						onset to death <u>3 yrs</u>	
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 type="checkbox"/> YES <input checked="" 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 21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input 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 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.) 05-27-2016		23b. DATE SIGNED (Mo., Day, Yr.) 6/3/16		23c. TIME OF DEATH 11:58 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) <u>Ad. M. Pour, MD</u>		To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY		24c. PRONOUNCED DEAD (Mo., Day, Yr.)		24b. TIME OF DEATH m	
24d. 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		28a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28b. WAS CONSENT GRANTED? Not Applicable if 28a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Aissa Nann, MD - 98780 Nebraska Medical Center Omaha NE 68198-7680							
28a. REGISTRAR'S SIGNATURE <u>Ad. M. Pour</u>					28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUN 08 2016		

To Be Completed/Verified by: FUNERAL DIRECTOR

To Be Completed by: CERTIFIER

To be completed by MEDICAL CERTIFIER ONLY

To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY

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