



MISC 2012129387



DEC 19 2012 10:29 P 2

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misc

2 FEE 10.50 FP 01-60000
 1 BKP 5-15-10 ✓
 1679.353 C/O COMP
 DEI SCAN FV

Received - DIANE L. BATTIATO
 Register of Deeds, Douglas County, NE
 12/19/2012 10:29:18.34



2012129387

The West 346.6 feet of the East 442.0 feet of the Northwest 1/4 of Section 5, Township 15 North, Range 10 East of the 6th P.M., Douglas County, Nebraska, lying North of the UPRR R.O.W., and all more particularly described as follows: Beginning at a point which lies 2,197.8 feet East of the Northwest Corner of said Section 5, which point of beginning also lies 442.0 feet West of the Northeast Corner of the Northwest 1/4 of said Section 5-15-10; thence East along the North line of said Section 5, a distance of 346.6 feet; thence South 0°59' West a distance of 733.0 feet to the North R.O.W. line of UPRR; thence Northwesterly along said North R.O.W. line a distance of 405.1 feet to a point which lies 160.7 feet Southeasterly from Frank R. Reld Corner of 2/18/29; thence North 0°59' East a distance of 523.3 feet to point of beginning, except that part of the East 1/2 of the Northwest 1/4 of Section 5, Township 15 North, Range 10 East of the 6th P.M., Douglas County Nebraska, lying North of the R.O.W. of the UPRR and described as follows: Beginning at a point 2,197.8 feet East of and 33 feet South of the Northwest corner of said Section 5, said point being the Northeast Corner of a tract of land conveyed to George A. and Irene Boardman as recorded in book 1388, page 224; thence running East and 33 feet South of the North line of said Section 5 for 45 feet; thence Southwesterly 472.58 feet to a point on the Northerly line of said R.O.W., said point being the Southeast corner of said tract of land conveyed to George A. and Irene Boardman; thence North along the East line of said tract for 470.3 feet to the point of beginning.

NEW

RETURN TO:
 Earl Long
 C/O Omaha National Title & Escrow
 Attn: Lynnette McNew
 12100 W. Center Road
 Suite 501
 Omaha, NE 68144

(7)

Do not write or stamp below this line

ON-016641

Revised 8-21-2012,CJ

114193

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE 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.

DATE OF ISSUANCE

DEC 03 2012

LINCOLN, NEBRASKA

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

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

08 24568

To Be Completed/Verified by: FUNERAL DIRECTOR

To Be Completed by: CERTIFIER

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Leta Anna Long			2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) April 5, 2008	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH York County, Nebraska		5a. AGE-Last Birthday (Yrs.) 80	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) February 27, 1928	
7. SOCIAL SECURITY NUMBER 508-26-7360		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) Alegent Health Bergan Mercy Medical Center		8c. CITY OR TOWN OF DEATH (Include Zip Code) Omaha 68124				
8d. COUNTY OF DEATH Douglas		9a. RESIDENCE-STATE Nebraska		9b. COUNTY Sarpy		
9c. CITY OR TOWN La Vista		9d. STREET AND NUMBER 7501 South 76th Avenue		9e. APT. NO.	9f. ZIP CODE 68128	
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. Earl F Long					11. FATHER'S-NAME (First, Middle, Last, Suffix) William Summers	
12. MOTHER'S-NAME (First, Middle, Maiden Surname) Laura Collingham					13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No	
14a. INFORMANT-NAME Earl F Long		14b. RELATIONSHIP TO DECEDENT Husband				
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 <i>Gregory A. Pothovick</i>		16b. LICENSE NO. 1239		
16c. DATE (Mo., Day, Yr.) April 9, 2008		16d. CEMETERY, CREMATORY OR OTHER LOCATION McCool Cemetery				
16e. CITY/TOWN McCool Junction					16f. STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Bethany Funeral Home, 8201 Harrison Street, La Vista, Nebraska						17b. Zip Code 68128

CAUSE OF DEATH (See Instructions and examples) 18. PART I. Enter the <u>chain of events</u> - disease, 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: IMMEDIATE CAUSE (Final disease or condition resulting in death) a) <u>Cardiopulm Arrest</u> DUE TO, OR AS A CONSEQUENCE OF: b) <u>Hypoxia</u> DUE TO, OR AS A CONSEQUENCE OF: c) <u>Sepsis</u> DUE TO, OR AS A CONSEQUENCE OF: d) <u>Pneumonia</u> 18. PART II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not resulting in the underlying cause given in PART I. <u>Hypoxia, ARDS, CA.</u> 19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 20. IF FEMALE: <input checked="" 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 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.) April 5, 2008 23b. DATE SIGNED (Mo., Day, Yr.) <i>4/5/08</i> 23c. TIME OF DEATH 6:26 P m 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>Dr. Antonio Saqueton</i> 24a. DATE SIGNED (Mo., Day, Yr.) 24b. TIME OF DEATH m 24c. PRONOUNCED DEAD (Mo., Day, Yr.) 24d. TIME PRONOUNCED DEAD m 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. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Dr. Antonio Saqueton, M.D., 4115 Harrison Street, Bellevue, NE 68147						
28a. REGISTRAR'S SIGNATURE <i>Adel + Cur</i>					28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) APR 28 2008	

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