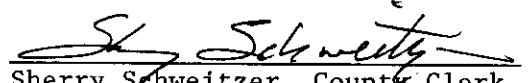


State of Nebraska)  
County of Seward ) ss.

Filed for record on September 20, 2017  
at 10:13 a.m. and recorded as  
Instrument No. 201702300.



Sherry Schweitzer, County Clerk  
Fee: \$16.00  
2 Page Document

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SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

Please return filed Documents to:

Matthew Hanson  
1331 Main  
Crete, NE 68333

TITLE OF DOCUMENT: CERTIFIED DEATH CERTIFICATE FOR DEEDS

( ) Transfer on Death ( X ) Life Estate ( ) Joint Tenancy ( ) Other

DEED RECORDING DATE: April 1, 2011

DEED RECORDING INFORMATION: #201100852

GRANTOR: Betty J. Kemper

GRANTEE: Eunice J. McArdle, Beverly Ann Clark, Thomas J. Kemper and Timothy G. Kemper

FULL AND COMPLETE LEGAL DESCRIPTIONS:

The Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>) of Section Thirty-One (31), Township Nine (9) North, Range Four (4), East of the 6<sup>th</sup> P.M., Seward County, Nebraska, EXCEPT a tract of land comprising of a part of the Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>) of Section Thirty-One (31), Township Nine (9) North, Range Four (4), East of the 6<sup>th</sup> P.M., Seward County, Nebraska, described as follows: Beginning at the southwest corner of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>); thence north on the west line of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>), 2643.81 feet to the northwest corner of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>); thence east on the north line of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>), 33.00 feet; thence south and parallel with the west line of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>), 935.45 feet; thence east and at right angles to the west line of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>), 7.00 feet; thence south and parallel with the west line of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>), 900.00 feet; thence east and at right angles to the west line of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>), 5.00 feet; thence south and parallel with the west line of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>), 150.00 feet; thence west and at right angles to the west line of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>), 5.00 feet; thence south and parallel with the west line of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>), 658.36 feet to the south line of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>); thence west and on the south line of said Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>), 40.00 feet to the point of beginning.

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



DATE OF ISSUANCE

5/16/2017

LINCOLN, NEBRASKA

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

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

17 06092

1. DECEDENT'S NAME (First, Middle, Last, Suffix) <b>Betty J Kemper</b>				2. SEX <b>Female</b>		3. DATE OF DEATH (Mo., Day, Yr.) <b>March 4, 2017</b>	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH <b>Milford, Nebraska</b>			5a. AGE - Last Birthday (Yrs.) <b>91</b>	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.		6. DATE OF BIRTH (Mo., Day, Yr.) <b>October 6, 1925</b>
7. SOCIAL SECURITY NUMBER <b>508-22-7388</b>			8a. PLACE OF DEATH <b>HOSPITAL</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <b>OTHER</b> <input checked="" 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) <b>Tabitha Nursing Center at Crete</b>			8c. CITY OR TOWN OF DEATH (Include Zip Code) <b>Crete 68333</b>		8d. COUNTY OF DEATH <b>Saline</b>		
9a. RESIDENCE STATE <b>Nebraska</b>		9b. COUNTY <b>Saline</b>		9c. CITY OR TOWN <b>Crete</b>		9d. STREET AND NUMBER <b>1425 Code Ave</b>	
9e. APT. NO.		9f. ZIP CODE <b>68333</b>		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 checked="" 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>Carl F Kemper</b>			
11. FATHER'S NAME (First, Middle, Last, Suffix) <b>Harry G Welsch</b>				12. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Irma M Belka</b>			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) <b>NO</b>			14a. INFORMANT NAME <b>Christian McArdle</b>		14b. RELATIONSHIP TO DECEDENT <b>grandson</b>		
15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER SIGNATURE <b>Benjamin Hall</b>		16b. LICENSE NO. <b>1305</b>		16c. DATE (Mo., Day, Yr.) <b>March 4, 2017</b>	
16d. CEMETERY, CREMATORY OR OTHER LOCATION <b>Nebraska Anatomical Board</b>				CITY / TOWN <b>Omaha</b>		STATE <b>Nebraska</b>	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) <b>Nebraska Anatomical Board, 986395 Nebraska Medical Center, Omaha, Nebraska</b>						17b. Zip Code <b>68198-6395</b>	
<b>CAUSE OF DEATH (See instructions and examples)</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.						APPROXIMATE INTERVAL	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>a) Respiratory Failure</b>						onset to death <b>1 Day</b>	
DUE TO, OR AS A CONSEQUENCE OF: <b>b) Hip Fracture</b>						onset to death <b>3 Days</b>	
DUE TO, OR AS A CONSEQUENCE OF: <b>c) Fall</b>						onset to death <b>3 Days</b>	
DUE TO, OR AS A CONSEQUENCE OF: <b>d)</b>						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. <b>Dementia</b>						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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" 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.) <b>March 2, 2017</b>		22b. TIME OF INJURY <b>06:00 AM</b>		22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify) <b>Nursing Home</b>			
22d. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED <b>Fell while getting out of chair</b>					
22f. LOCATION OF INJURY - STREET & NUMBER, APT.NO. <b>1800 E. 13th St, Crete</b>			CITY/TOWN		STATE <b>Nebraska</b>		ZIP CODE <b>68333</b>
23a. DATE OF DEATH (Mo., Day, Yr.) <b>March 4, 2017</b>		23b. DATE SIGNED (Mo., Day, Yr.) <b>May 12, 2017</b>		23c. TIME OF DEATH <b>04:27 AM</b>		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) <b>Jason K. Hesser, MD</b>		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. 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 (Type or Print) <b>Jason K. Hesser, MD, 2910 Betten Drive, Crete, Nebraska, 68333</b>							
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>						28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>May 12, 2017</b>	

To be completed 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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