FILED SARPY CO. NE.
INSTRUMENT NUMBER
2009 - 10622
2009 APR 15 P 12:37

REGISTER OF DEEDS

COUNTER ah C.E.
VERIFY ah D.E.
PROOF
FEES $ 10.50
CHECK #
CHG CASH 10.50
REFUND CREDIT
SHORT NCR

Tax Lots 2A & 3B 27-14-13

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THIS PAGE ADDED FOR RECORDING INFORMATION.

DOCUMENT STARTS ON NEXT PAGE.

LLOYD J. DOWDING

SARPY COUNTY REGISTER OF DEEDS
Steven J. Stastny, Deputy
1210 GOLDEN GATE DRIVE, STE 1109
PAPILLION, NE 68046-2895
402-593-5773

RLR
Mary Brust
3819 Cypress Ct.
Plattsmouth, NE
68048

SCRoD Form 1, Dated 12/14/1999

2009-10672A

330392

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

To Be Completed/Verified by: FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix): Jerry A Brust

2. SEX: Male

3. DATE OF DEATH (Mo., Day, Yr.): April 8, 2008

4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH: Omaha, Nebraska

5a. AGE-Last Birthday (Yrs.): 72

5b. UNDER 1 YEAR: MOS. / DAYS

5c. UNDER 1 DAY: HOURS / MINS.

6. DATE OF BIRTH (Mo., Day, Yr.): July 13, 1935

7. SOCIAL SECURITY NUMBER: 508-38-3853

8a. PLACE OF DEATH: HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home/LTC ☒ Hospice Facility ☐ Decedent's Home ☐ Other(Specify)

8b. FACILITY-NAME (If not institution, give street and number): Hospice House

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: Bellevue

9d. STREET AND NUMBER: 1920 Gregg Road

9e. APT. NO.:

9f. ZIP CODE: 68123

9g. INSIDE CITY LIMITS: ☒ Yes ☐ No

10a. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Never Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Unknown

10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name: Dolores Imig

11. FATHER'S NAME (First, Middle, Last, Suffix): Ray Brust

12. MOTHER'S NAME (First, Middle, Maiden Surname): Alva Eipperle

13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.): No

14a. INFORMANT-NAME: Dolores Brust

14b. RELATIONSHIP TO DECEDENT: Wife

15. METHOD OF DISPOSITION: ☒ Burial ☐ Donation ☐ Cremation ☐ Entombment ☐ Removal ☐ Other(Specify)

16a. EMBALMER-SIGNATURE:

16b. LICENSE NO.: 1260

16c. DATE (Mo., Day, Yr.): April 11, 2008

16d. CEMETERY, CREMATORY OR OTHER LOCATION: Westlawn-Hillcrest; CITY/TOWN: Omaha; STATE: Nebraska

17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State): Westlawn-Hillcrest Memorial Park & Funeral Home, 5701 Center Street, Omaha, Nebraska

17b. Zip Code: 68106

To Be Completed by: CERTIFIER

CAUSE OF DEATH (See instructions and examples)

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: onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a) Pneumonia (Aspiration)	2 weeks
Sequentially list conditions, if any, leading to the cause listed on line a.	DUE TO, OR AS A CONSEQUENCE OF: b) ~~lymphoma~~ anemia Pancytopenia	>1 year
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	DUE TO, OR AS A CONSEQUENCE OF: c) Lymphoma	
	DUE TO, OR AS A CONSEQUENCE OF: d)	

18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I. See tumor disorder, dysphagia, intracerebral hemorrhage, anemia, thrombosis, Pancytopenia

18. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ YES ☒ NO

20. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year

21a. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

21b. IF TRANSPORTATION INJURY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

21c. WAS AN AUTOPSY PERFORMED? ☐ YES ☒ NO

21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? ☐ YES ☐ 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? ☐ YES ☐ NO

22e. DESCRIBE HOW INJURY OCCURRED:

22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO.; CITY/TOWN; STATE; ZIP CODE:

To be completed by Attending PHYSICIAN ONLY

23a. DATE OF DEATH (Mo., Day, Yr.): 4/8/08

23b. DATE SIGNED (Mo., Day, Yr.): 4/9/08

23c. TIME OF DEATH: 4:49 Am

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)

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

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? ☐ YES ☐ NO ☐ PROBABLY ☒ UNKNOWN

26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? ☐ YES ☒ NO

26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO ☐ YES ☐ NO

27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print): Temple Brannon MD 601 N. 30th St. Omaha, NE 68131

28a. REGISTRAR'S SIGNATURE:

28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): APR 09 2008

P

TRUE CERTIFICATION OF A RECORD ON FILE WITH

MAY -6 2008

VITAL STATISTICS, DOUGLAS CO. HEALTH DPT., OMAHA, NE

REGISTRAR