

COMPARED

FILED FOR RECORD - 7-7-94 AT 10:23 A.M.
BOOK 45 OF 1000 PAGE 14A
REGISTER OF DEEDS, CASS CO., NE. *State Seal*
Doc # 98 \$ 6.00


2. The Northeast Quarter of the Southwest Quarter, Section 22, Township 11 North, Range 12 East of the 6th P.M., Cass County, Nebraska, containing approximately 40.23 acres, more or less.

1. A tract of land in the Northwest Quarter of Section 22, Township 11 North, Range 12 East of the 6th P.M., Cass County, Nebraska, more particularly described as: commencing at a point 1751.63 feet East of the Northwest Corner of said Section 22; thence East 891.56 feet to the North quarter corner; thence South 0 degrees 52'32" West along the North-South half section line for 2645.58 feet to the center of Section 22; thence North 89 degrees 58' 44" West along the East-West half section line for 918.56 feet; thence 1 degree 27' 38" East along the center line of an existing driveway for 2645.79 feet to the point of beginning and excepting a tract of land of approximately 1.23 acres along the Northernly side used for state highway purposes; containing approximately 53.73 acres, more or less.

328 REGISTAR Kestlin C.G. Kestlin, M.M. 881 Mohawk St. PO Box M Syracuse, Ne 68446	329 DATE FILED BY REGISTRAR (Mo., Day, Yr.) NOV 24 1992
317 NAME AND ADDRESS OF CENTER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Kestlin C.G. Kestlin, M.M. 881 Mohawk St. PO Box M Syracuse, Ne 68446	318 DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO
319 DID TOBACCO USE CONTRIBUTE TO THE DEATH? (Type or Print) NO	320 HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO
321a TIME OF DEATH (Mo., Day, Yr.) 11-19-92	321b DATE SIGNED (Mo., Day, Yr.) 11-23-92
321c TIME OF DEATH (Mo., Day, Yr.) 2:33 A.M.	322 On the basis of my knowledge, death occurred at the time, date and place and due to the cause stated <i>Cause of Death</i> Multiple myeloma
323a DATE SIGNED (Mo., Day, Yr.)	323b TIME OF DEATH (Mo., Day, Yr.)
324 DATE SIGNED (Mo., Day, Yr.)	325 TIME OF DEATH (Mo., Day, Yr.)
326 INJURY AT WORK (Specify Yes or No) NO	327 PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) M
328 ON PENDING INVESTIGATION (Specify) NO	329 DATE OF INJURY (Mo., Day, Yr.) NO
330 HOURS OF INJURY (Mo., Day, Yr.)	331 DESCRIBE HOW INJURY OCCURRED
332 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to the cause of death (Specify Yes or No) NO	333 PART III IF FEMALE WAS THERE A PREGNANT IN THE PAST 3 MONTHS? NO
334 PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to the cause of death (Specify Yes or No) NO	335 PART I OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to the cause of death (Specify Yes or No) NO
336 DECEASED EVEN IN U.S. ARMED FOREST (If yes, give war and date of service) NO	337 BIRTHAL, Christian, etc. (Specify) NO
338 DATE (Mo., Day, Yr.) NOV. 21, 1992	339 FUNERAL HOME - NAME AND ADDRESS Parkhill Cemetery Syracuse, Nebraska
340 BIRTHAL, Christian, etc. (Specify) NO	341 FUNERAL HOME - NAME AND ADDRESS Parkhill Cemetery Syracuse, Nebraska
342 DECEASED EVEN IN U.S. ARMED FOREST (If yes, give war and date of service) NO	343 BIRTHAL, Christian, etc. (Specify) NO
344 NAME - MAKING ADDRESS (Specify Yes or No) Herbert S. Tucker Ethel Smith	345 NAME - MAKING ADDRESS (Specify Yes or No) Herbert S. Tucker Ethel Smith
346 FATHER - MIDDLE NAME Herbert	347 MOTHER - MIDDLE NAME Ethel
348 FATHER - LAST NAME Tucker	349 MOTHER - LAST NAME Smith
350 USUAL OCCUPATION (If kind of work done during most of working life specify) Elementary School Teacher	351 USUAL OCCUPATION (If kind of work done during most of working life specify) Public School
352 RACE (Specify) White	353 ANCESTRY (Specify) American
354 RESIDENCE - STATE Nebraska	355 RESIDENCE - COUNTY Otoe
356 RESIDENCE - CITY, TOWN OR LOCATION Community Memorial Hospital Syracuse, Nebraska	357 STREET AND NUMBER (Including Zip Code) 560 Park St., 68446
358 SOCIAL SECURITY NUMBER 506-24-2065A	359 PLACE OF DEATH (Specify) HOSPITAL
360 DATE OF BIRTH (If born in U.S., name country) Doll Maxine Halvorsen	361 DATE OF BIRTH (If born in U.S., name country) Doll Maxine Halvorsen
362 SEX Female	363 DATE OF DEATH (Mo., Day, Yr.) November 19, 1992
364 DEPARTMENT - NAME FIRST MIDDLE LAST	365 DEPARTMENT - NAME FIRST MIDDLE LAST

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL REPORT FOR VITAL RECORDS.

DATE OF ISSUANCE
JUN 27 1994
LINCOLN, NEBRASKA



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