

No.	Gen.	Num.	Paged		
#7	✓	✓	✓		
Register of Deeds					

From and Return to:  
 John Potter  
 1340 County Road F  
 Dorchester, NE 68343  
 Fee: \$ 10.50 paid

STATE OF NEBRASKA } s3  
 SALINE COUNTY  
 Entered in numerical index and filed on  
 record, the 29 day of August  
 2008 at 11:30 clock A.M. and recorded  
 in Book 67 of Misc. Page 567-568

*Dinda Kustach*  
 County Clerk

Attachment to the Death Certificate of Betty Ann Potter

Indexed against the S $\frac{1}{2}$ SW $\frac{1}{4}$  30-8-3.

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
NOV 26 2007  
LINCOLN, NEBRASKA

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

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

07 32445

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Betty Ann Potter				2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) November 16, 2007				
4. CITY AND STATE OR TERRITORY OR FOREIGN COUNTRY OF BIRTH Rural Crete, Nebraska			5a. AGE-Last Birthday (Yrs.) 67		5b. UNDER 1 YEAR MOS. DAYS		5c. UNDER 1 DAY HOURS MINS.			
7. SOCIAL SECURITY NUMBER 507-50-7041				8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> ODA <input type="checkbox"/> Other (Specify)						
8b. FACILITY NAME (If not institution, give street and number) 1340 County Road F				8c. CITY OR TOWN OF DEATH (Include Zip Code) Dorchester 68343				8d. COUNTY OF DEATH Saline		
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Saline		9c. CITY OR TOWN Dorchester		9d. STREET AND NUMBER 1340 County Road F		9e. APT. NO.		
9f. ZIP CODE 68343		9g. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" 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. John Potter		
11. FATHER'S NAME (First, Middle, Last, Suffix) Frank Otto Bosak			12. MOTHER'S NAME (First, Middle, Maiden Surname) Clara Taborek			13. EVER IN U.S. ARMED FORCES? Give dates of service if yes (Yes, no, or unk.) No			14a. INFORMANT NAME John Potter	
14b. RELATIONSHIP TO DECEDENT Husband			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. EMPALMER SIGNATURE <i>[Signature]</i>		16b. LICENSE NO. 1097		16c. DATE (Mo., Day, Yr.) November 17, 2007	
16d. CEMETERY, CREMATORY OR OTHER LOCATION Lincoln Cremation Service Lincoln Nebraska				17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Lauber-Moore Funeral Homes 814 Maple Street Friend NE				17b. Zip Code 68359-1531		
<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) (a) Colon Cancer							onset to death 18 mo			
DUE TO, OR AS A CONSEQUENCE OF: (b)							onset to death			
Sequentially list conditions, if any, leading to the cause listed on line a. (c)							onset to death			
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (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 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 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.) 11/16/07		23b. DATE SIGNED (Mo., Day, Yr.) 11/16/07		23c. TIME OF DEATH 11:15 AM		24a. DATE SIGNED (Mo., Day, Yr.)		24b. TIME OF DEATH 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>[Signature]</i> M.D.		23e. CORNER'S PHYSICIAN OR COUNTY ATTORNEY ONLY		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) <i>[Signature]</i>		
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 checked="" type="checkbox"/> NO				
27. NAME TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Russell J. Ebke, M.D. 2910 Bettin Dr Crete NE 68333										
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>						28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) NOV 26 2007				

To Be Completed/Verified by: FUNERAL DIRECTOR

To Be Completed by: CERTIFIER

To Be Completed by: ATTENDING PHYSICIAN ONLY

To Be Completed by: CORNER'S PHYSICIAN OR COUNTY ATTORNEY ONLY