

No.	Gen.	Num.	Paged	ROD	
#2	✓	✓	✓	✓	
dk					Register of Deeds

Fee: \$16.00 paid (check)

STATE OF NEBRASKA } ss  
SALINE COUNTY

Index No. 2917 01772

Entered in numerical index and filed on record, the 12 day of October 2017 at 9:00 o'clock A. M. and recorded in Book 78 of Misc. Page 398-399.

Larry Lepant  
County Clerk

From,  
Prepared and submitted by:  
Schwab & Lepant  
P O Box 367  
Fairbury, NE 68352

### Death Certificate Cover Sheet

Transfer on Death Deed

Joint Tenancy

Life Estate

Other

Grantor (deceased)	Verla M. Tyser
Surviving Grantees	

Legal Description of Property Transferred:

Undivided 1/2 interest: The East Half of the Southwest Quarter of the Northwest Quarter (E1/2SW1/4NW1/4) and the Southwest Quarter (SW1/4), all of Section Twelve (12), in Township Six (6) North, Range Three (3), East of the Sixth P.M. in Saline County, Nebraska, except for a tract of land more particularly described as follows: Beginning at the southwest corner of the Southwest Quarter (SW1/4) of said Section Twelve (12); thence northerly 543.00 feet on the west line of said Southwest Quarter (SW1/4); thence easterly 735.00 feet, parallel with the south line of said Southwest Quarter (SW1/4); thence southerly 543.00 feet, parallel with the west line of said Southwest Quarter (SW1/4), to a point on the south line of said Southwest Quarter (SW1/4); thence westerly 735.00 feet on the south line of said Southwest Quarter (SW1/4), to the point of beginning, containing 9.16 acres, more or less, and except for another tract of land more particularly described as follows: Beginning at a point 12 rods east of the northwest corner of the Southwest Quarter (SW1/4) of said Section Twelve (12), thence south 17 rods; thence east 19 rods; thence north 17 rods; thence west 19 rods to the point of beginning, containing 2.01875 acres, more or less; AND

Undivided 1/2 interest: Southeast Quarter (SE1/4) of Section (9), Township Five (5) North, Range Three (3) East of the 6th P.M., Saline County, Nebraska; except that part deeded to the State of Nebraska (Joel Tyser)

Undivided 1/2 interest: The Southwest Quarter (SW1/4), Section One (1), Township Six (6) North, Range Three (3) East of the Sixth P.M., Saline County, Nebraska, EXCEPT fraction previously conveyed to Gene L. Tyser and Sherry L. Tyser by warranty deed recorded in deed record 246, page 529, of the records of Saline County, Nebraska (Gene Tyser)

Undivided 1/2 interest: The North Half of the Southeast Quarter (N1/2SE1/4) of Section One (1), in Township Six (6) North, Range Three (3), East of the Sixth P.M. in Saline County, Nebraska (Joel & Gene Tyser)

Previously recorded document number(s) relating to this property/ownership:

Book 346 of Records, Page 102; Book 295 of Records, Page 934; Book 339 of Records, Page 941; Parcels numbers 760141436; 760078777; 760089795; 760078750

STATE OF NEBRASKA

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

4/18/2017

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 04893

To be completed/verified by: FUNERAL DIRECTOR

To be completed by: CERTIFIER

To be completed by: MEDICAL CERTIFIER ONLY

To be completed by: CORONER'S OFFICE or COUNTY CLERK ONLY

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Verla M Tyser			2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) April 7, 2017		
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH De Witt, Nebraska			5a. AGE - Last Birthday (Yrs.) 83		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.		
7. SOCIAL SECURITY NUMBER 505-38-7771			8a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)		6. DATE OF BIRTH (Mo., Day, Yr.) October 29, 1933		
8b. FACILITY-NAME (If not institution, give street and number) Bryan Medical Center East			8c. CITY OR TOWN OF DEATH (Include Zip Code) Lincoln 68506		8d. COUNTY OF DEATH Lancaster		
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Saline		9c. CITY OR TOWN Wilber			
9d. STREET AND NUMBER 611 North Main			9e. APT. NO. 23		9f. ZIP CODE 68465		
10a. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married, but separated <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		9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
11. FATHER'S NAME (First, Middle, Last, Suffix) Lawrence Schuerman			12. MOTHER'S NAME (First, Middle, Maiden Surname) Adella Klostermeier				
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No			14a. INFORMANT-NAME Joel Tyser		14b. RELATIONSHIP TO DECEDENT Son		
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 Chris Klingler		16b. LICENSE NO. 1281		16c. DATE (Mo., Day, Yr.) April 12, 2017	
16d. CEMETERY, CREMATORY OR OTHER LOCATION Wilber Czech Cemetery			CITY / TOWN Wilber		STATE Nebraska		
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Kund Funeral Home, 607 West 3rd Street, PO Box 742, Wilber, Nebraska					17b. Zip Code 68465		

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	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a) Severe Sepsis		onset to death Days	
DUE TO, OR AS A CONSEQUENCE OF: b) Urinary Tract Infection		onset to death Days	
DUE TO, OR AS A CONSEQUENCE OF: c)		onset to death	
DUE TO, OR AS A CONSEQUENCE OF: 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. Cardiac Arrest		19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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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 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 7, 2017		23b. DATE SIGNED (Mo., Day, Yr.) April 13, 2017		23c. TIME OF DEATH 02:47 PM		24a. DATE SIGNED (Mo., Day, Yr.)		24b. TIME OF DEATH	
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) Tamer Mahrous, MD				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			
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27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Tamer Mahrous, MD, 2300 S 16th, Lincoln, Nebraska, 68502							
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28a. REGISTRAR'S SIGNATURE <i>Judith A. Helstad</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) April 14, 2017			
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