

STATE OF NEBRASKA, County of Saline.....

Filed for record on June 18, 19 75 at 9:00 AM o'clock

and recorded in the Deed Record 130....., Page 277.

Ray G. Huch
Register of Deeds

By

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

From, chg. & ret. to:
Nebraska State Bank,
Western, Nebraska 68464
Fee: \$ 3.25 chg.
Doc. Stamp: \$ 4.40 paid

SURVIVORSHIP WARRANTY DEED

CONRAD URBACH and LYDIA URBACH, Husband and Wife, each in their own right and each as spouse of the other,

, herein called the grantor whether one or more,

in consideration of ONE AND NO/100 DOLLARS AND OTHER VALUABLE CONSIDERATION received from grantees, does grant, bargain, sell convey and confirm unto

JAMES E. RISCHLING and PATRICIA A. RISCHLING, Husband and Wife,

as joint tenants with right of survivorship, and not as tenants in common, the following described real property in Saline..... County, Nebraska:

Lots Numbered Two (2), Three (3), Four (4), Five (5) and Six (6), in Block Numbered Twelve (12), in the Original Town of Western, Saline County, Nebraska.

NEBRASKA DOCUMENTARY
STAMP TAX

JUN 18 1975

\$ 4.40 BY 321

To have and to hold the above described premises together with all tenements, hereditaments and appurtenances thereto belonging unto the grantees and to their assigns, or to the heirs and assigns of the survivor of them forever.

And grantor does hereby covenant with the grantees and with their assigns and with the heirs and assigns of the survivor of them that grantor is lawfully seised of said premises; that they are free from encumbrance whatsoever;

that grantor has good right and lawful authority to convey the same; and that grantor warrants and will defend the title to said premises against the lawful claims of all persons whomsoever.

It is the intention of all parties hereto that in the event of the death of either of the grantees, the entire fee title to this real property shall vest in the surviving grantee.

Dated May 8, 1975.

.....
.....

Conrad Urbach
CONRAD URBACH
Lydia Urbach
LYDIA URBACH

STATE OF NEBRASKA....., County of Saline.....

Before me, a notary public qualified for said county, personally came

CONRAD URBACH and LYDIA URBACH, Husband and Wife, each in their own right and each as spouse of the other,

known to me to be the identical persons who signed the foregoing instrument and acknowledged the execution thereof to be his, her or their voluntary act and deed.

Witness my hand and notary seal this May 8, 1975.....

PAUL S. RHYNDERS
GENERAL
STATE OF NEBRASKA
COMMISSION EXPIRES
MAY 30, 1977

Paul S. Rynders Notary Public

Commission expires May 30, 1977.....

Form 4.2 approved by Nebraska State Bar Association

Fee Wolf Co., Lincoln, Nebr.

Attachment to the Death Certificate of Patricia Ann Rischling.

| No. | Gen. | Num. | Paged | |
|-----|-------------------|------|-------|--|
| #6 | ✓ | ✓ | ✓ | |
| dk | Register of Deeds | | | |

From, Chg. and Return to:
Hanson, Hroch & Kuntz, Attys.
P. O. Box 626
Wilber, NE 68465
Fee: \$ 22.00 Chg.

2009-00841

STATE OF NEBRASKA } ss
SALINE COUNTY

Entered in numerical index and filed on
record, the 19 day of October
2009 at 10:33 o'clock A.M. and recorded
in Book 69 of Misc. Page 390-391

Jynida Kesterek
County Clerk

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
MAR 11 2008
 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

08 22310

| | | | | | | |
|---|--|--|---|--|---|---|
| 1. DECEDENT'S NAME (First, Middle, Last, Suffix) Patricia Ann Rischling | | | 2. SEX Female | | 3. DATE OF DEATH (Mo., Day, Yr.) February 22, 2008 | |
| 4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Western, Nebraska | | | 5a. AGE-Last Birthday (Yrs.) 73 | 5b. UNDER 1 YEAR MOS. DAYS | 5c. UNDER 1 DAY HOURS MINS. | 6. DATE OF BIRTH (Mo., Day, Yr.) May 26, 1934 |
| 7. SOCIAL SECURITY NUMBER 506 38 8333 | | | 8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home/ALC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify) _____ | | | |
| 8b. FACILITY-NAME (If not institution, give street and number) Heritage Care Center | | | 8c. CITY OR TOWN OF DEATH (Include Zip Code) Fairbury, Nebraska 68352 | | | |
| 8d. COUNTY OF DEATH Jefferson | | | 9a. RESIDENCE-STATE Nebraska | | | |
| 9b. COUNTY Saline | | | 9c. CITY OR TOWN Western | | | |
| 9d. STREET AND NUMBER 103 N. East Avenue | | | 9e. APT. NO. | 9f. ZIP CODE 68464 | 9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input 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. James Rischling | | | |
| 11. FATHER'S NAME (First, Middle, Last, Suffix) Clyde Yost | | | 12. MOTHER'S NAME (First, Middle, Maiden Surname) Sylvia Marik | | | |
| 13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) no | | | 14a. INFORMANT-NAME James Rischling | | 14b. RELATIONSHIP TO DECEDENT spouse | |
| 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 <i>Scott Blanks</i> | 16b. LICENSE NO. 1250 | 16c. DATE (Mo., Day, Yr.) February 26, 2008 | | | |
| 16d. CEMETERY, CREMATORY OR OTHER LOCATION Plainview Cemetery | | | CITY / TOWN Western | | STATE Nebraska | |
| 17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Kunel Funeral Home; 607 West 3rd PO Box 742 Wilber, Nebraska | | | | | 17b. Zip Code 68465 | |
| 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: (a) Dementia | | | | | onset to death | |
| DUE TO, OR AS A CONSEQUENCE OF: (b) Severe Heart Valve Disease | | | | | onset to death | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (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. | | | | | 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 | |
| 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.) 2-22-08 | 23b. DATE SIGNED (Mo., Day, Yr.) 2-25-08 | 23c. TIME OF DEATH 1140 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) | 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>Stanley S. Cooper</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 checked="" type="checkbox"/> YES <input 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) Dr. Rick Blotny JR 825 22nd St Fairbury, NE 68352 | | | | | | |
| 28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i> | | | | 28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) MAR 7 2008 | | |

File Against: Lots 1, 2, 3, 4, 5, 6, 7, 8 & 9 & W $\frac{1}{2}$ Lots 10, 11 & 12, all Block 6, Original Town of Western, Saline County; Nebraska; Lots 2, 3, 4, 5 & 6, Block 12, Original Town of Western, Saline County; Nebraska; N96; Lots 1, 2 & 3 & all of Lots 4, 5 & 6, Block 1, Shearer's Addition to Village of Western, Saline County, Nebraska; Lot 1, Block 4, Shearer's Addition to Village of Western, Saline County, Nebraska; Lot 1, Block 4, Shearer's Addition to Village of Western, Saline County, Nebraska

| No. | Gen. | Num. | Paged | |
|-----|-------------------|------|-------|--|
| #23 | ✓ | ✓ | ✓ | |
| dk | Register of Deeds | | | |

Fee: \$ 21.00 paid (check)

From and
Return To:

Michael M. Hroch
Hanson, Hroch & Kuntz
P.O. Box 626
Wilber, NE 68465

2011-02188
STATE OF NEBRASKA } ss
SALINE COUNTY
Entered in numerical index and filed on
record, the 20 day of December
2011 at 12:42 o'clock P. M. and recorded
in Book 386 of Records Page 109-110

Dinda Kuntz
County Clerk

WARRANTY DEED

JAMES E. RISCHLING, a single person, GRANTOR, in consideration of ONE DOLLAR (\$1.00) AND OTHER VALUABLE CONSIDERATION received from GRANTEEES, DEBRA J. RISCHLING, KELLY L. MOHLMAN and RICHIE A. RISCHLING, conveys to GRANTEEES, as tenants in common, an undivided one-third (1/3) to each, the following described real estate (as defined in Neb. Rev. Stat. 76-201):

Lots Numbered One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7), Eight (8) and Nine (9) and the West Half (W½) of Lots Numbered Ten (10), Eleven (11) and Twelve (12), all in Block Numbered Six (6) in the Original Town of Western, Saline County, Nebraska;

Lots Numbered Two (2), Three (3) and Four (4), in Block Numbered Twelve (12) in the Original Town of Western, Saline County, Nebraska;

The North Ninety-six Feet (N96') of Lots Numbered One (1), Two (2) and Three (3) and all of Lots Numbered Four (4), Five (5) and Six (6), all in Block Numbered One (1) in Shearer's Addition to the Village of Western, Saline County, Nebraska;

Lot Numbered One (1), in Block Numbered Four (4) in Shearer's Addition to the Village of Western, Saline County, Nebraska.

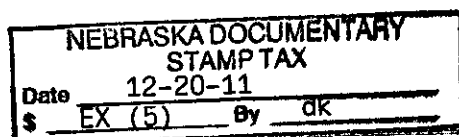
GRANTOR covenants with GRANTEEES that GRANTOR:

(1) is lawfully seised of such real estate and that it is free from encumbrances except easements and restrictions of record excepting, however, that Grantor reserves for himself the full possession, use, rents and profits of and from such real estate for and during the term of his natural life;

(2) has legal power and lawful authority to convey the same;

(3) warrants and will defend title to the real estate against the lawful claims of all persons.

Executed December 20, 2011.



James E. Rischling
JAMES E. RISCHLING

STATE OF NEBRASKA)
) SS.
COUNTY OF SALINE)

The foregoing instrument was acknowledged before me on December 20, 2011 by JAMES E. RISCHLING, a single person.



Michael M. Hroch
Notary Public

My commission expires August 23, 2012.

| No. | Gen. | Num. | Paged | ROD |
|----------------------|------|------|-------|-----|
| #4 | ✓ | ✓ | ✓ | ✓ |
| dk Register of Deeds | | | | |

Fee: \$ 22.00 paid (check)

STATE OF NEBRASKA } ss
SALINE COUNTY

Index No. 2018 00026

Entered in numerical index and filed on record, the 5 day of January 2018 at 1:30 clock PM. and recorded in Book 78 of Misc. Page 580-582

David L. ...
County Clerk

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

From and
Please return filed Documents to: Bradley T. Kalkwarf, Attorney, P.O. Box 905, Wilber, NE 68465-0905

TITLE OF DOCUMENT: CERTIFIED DEATH CERTIFICATE FOR DEEDS

Transfer on Death Life Estate Joint Tenancy Other

DEED RECORDING DATE: December 20, 2011

DEED RECORDING INFORMATION: BOOK 386 PAGE 109-110

GRANTOR: James E. Rischling

GRANTEE: Debra J. Rischling, Kelly L. Mohlman & Richie A. Rischling

FULL AND COMPLETE LEGAL DESCRIPTIONS:

(See attached)

Lots 1, 2, 3, 4 & 5, Block 6, Village of Western, Saline County, Nebraska;

Lots 6, 7, 8 & 9, Block 6, Village of Western, Saline County, Nebraska;

West Half of Lots 10 11 & 12, Block 6, Village of Western, Saline County, Nebraska;

Lots 2, 3 & 4, Block 12, Village of Western, Saline County, Nebraska;

The N96' of Lots 1, 2 & 3 and all of Lots 4, 5 & 6, Block 1, Shearer's Addition to the Village of Western, Saline County, Nebraska; and

Lot 1, Block 4, Shearer's Addition to the Village of Western, Saline County, Nebraska

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

7/28/2017

LINCOLN, NEBRASKA

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

17.09470

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

| | | | | | |
|--|--|--|--|--|---|
| 1. DECEDENT'S NAME (First, Middle, Last, Suffix) James E Rischling | | 2. SEX Male | | 3. DATE OF DEATH (Mo., Day, Yr.) July 24, 2017 | |
| 4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Saline County, Nebraska | | 5a. AGE - Last Birthday (Yrs.) 83 | 5b. UNDER 1 YEAR MOS. DAYS | 5c. UNDER 1 DAY HOURS MINS. | 6. DATE OF BIRTH (Mo., Day, Yr.) August 8, 1933 |
| 7. SOCIAL SECURITY NUMBER 505-40-0770 | | 8a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <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) Heritage Care Center | | | 8c. CITY OR TOWN OF DEATH (Include Zip Code) Fairbury 68352 | | |
| 8d. COUNTY OF DEATH Jefferson | | | 8e. RESIDENCE-STATE Nebraska | | |
| 8f. COUNTY Saline | | 8g. CITY OR TOWN Western | | 8h. STREET AND NUMBER 103 N East Avenue | |
| 8i. APT. NO. | | 8j. ZIP CODE 68464 | | 8k. 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 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 | | | |
| 11. FATHER'S NAME (First, Middle, Last, Suffix) James H Rischling | | | 12. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Kratina | | |
| 13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) Yes 09/24/1952-09/23/1956 | | 14a. INFORMANT NAME Debra Rischling | | 14b. RELATIONSHIP TO DECEDENT Daughter | |
| 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. EMBALMER SIGNATURE Not Embalmed | | 16b. LICENSE NO. | |
| 16c. DATE (Mo., Day, Yr.) July 25, 2017 | | 16d. CEMETERY, CREMATORY OR OTHER LOCATION Lincoln Cremation Service | | | |
| 16e. CITY / TOWN Lincoln | | | | 16f. STATE Nebraska | |
| 17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Kundl 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) Cardiorespiratory Arrest | | | | | onset to death Minutes |
| DUE TO, OR AS A CONSEQUENCE OF: b) Metastatic Melanoma | | | | | onset to death 1 Year |
| 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. | | | | | 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 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. | | 22g. CITY/TOWN | | 22h. STATE | 22i. ZIP CODE |
| 23a. DATE OF DEATH (Mo., Day, Yr.) July 24, 2017 | | 23b. DATE SIGNED (Mo., Day, Yr.) July 24, 2017 | | 23c. TIME OF DEATH 02:40 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) Ted Tucker MD |
| 24a. DATE SIGNED (Mo., Day, Yr.) | | 24b. TIME OF DEATH | | 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) Ted Tucker, MD, 825 22nd St., Fairbury, Nebraska, 68352 | | | | | |
| 28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i> | | | | 28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) July 26, 2017 | |

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 PHYSICIAN OR COUNTY ATTORNEY ONLY

10097831