

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 Blanke</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) <i>[Signature]</i>	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? <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