

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

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

CERTIFICATE OF DEATH

17.09470

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

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