No. Gen. Num. Paged ROD  #4	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 1.340'clock P.M. and recorded in Book 78 of Misc. Page 580-582  County Clerk
SPACE ABOVE RESERVED FOR REGISTER OF D	EEDS OFFICE RECORDING INFORMATION
From and Please return filed Documents to: Bradley T. Kalkwarf, Attor	rney, P.O. Box 905, Wilber, NE 68465-0905
TITLE OF DOCUMENT: CERTIFIED	DEATH CERTIFICATE FOR DEEDS
	Joint Tenancy Other
DEED RECORDING INFORMATION: BO	OOK 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

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

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



17:0947

TATE (	F NEBRASKA	DEPART	MENT OF	HÈALTH	AND HUMAN	SERVICES
1		ERTIFIC	CATE	F DE	ATH "	

	1. DECEDENT'S NAME (First, Mic	idle, Last, , Suff	Лx)			]2	. SEX	3. DATE OF	DEATH (Mo., Day, Yr.)
	James E Rischling						Male	July 24,	
· i	4. CITY AND STATE OR TERRITORY,	OR FOREIGN COUNT	IRY OF BIRTH	5a. AGE - Last	-	****	Sc. UNDER 1 DAY	6. DATE OF	BIRTH (Mo., Day, Yr.)
. ]			•	(Yns.)	g mos	DAYS	HOURS' MINS.	' 1	
- 4	Saline County, Nebraska		٠	83				August 8	3, 1933
<u>.</u>	7. SOCIAL SECURITY NUMBER			1	LACE OF DEATH	, , , , , , , , , , , , , , , , , , , ,	OTHER Nursin	- Want - TA	,
	8b. FACILITY-NAME (If not institution	This street and sur-	- L-al	, <u>**0</u>	SPITAL Inpe	Size:	<del></del>	44.	Hospice Facility
	and the second s	, give street and num	,berj		ER∧	Outpatient	्री 🔲 Decede	int's Home	
Š	Heritage Care Center	· .			DO/	₹ <u>`</u>	Other (	Specify)	10° 1
\(\text{H}\)	Sc. CITY OR TOWN OF DEATH (Included)	de Zip Code)				8d. C	OUNTY OF DEATH	*	site in
ō	s-Fairbury 68352	A Comment of the Comm	• , •			) j	efferson	~ ^	
ا≱∵	94. RESIDENCE-STATE	9b. COU	NTY	1 1	9c. CITY OR 1		7 .		
FUNER	Nebraska	Salir	ne	44 6	5.00	* * * * * * * * * * * * * * * * * * * *	· ·		
	9d. STREET AND NUMBER					Se. APT. NO	91. ZIP CODE	······································	9g. INSIDE CITY LIMIT
اخ	103 N East Avenue	· · · · · · · · · · · · · · · · · · ·			<del></del>		68464		YES NO
	10a. MARITAL STATUS AT TIME OF E	DehraM 🗌 HTABL	Delma Married	10b. NAME C	OF SPOUSE (Fire	t, <sub>ž</sub> Middle, (	Last, Suffix) if wil	e, give maiden	name o line i vig
₩	Married, but separated 🔊 🗓 Wi	dowed 🔲 Divorcer	d 🔲 Unknown	(A)					
Š	11. FATHER'S-NAME (First, Midd	He, Last, Suffix	<b>()</b>	\v.	12. MOTHER	S-NAME (Firs	i, Middle, Ma	iden Sumame)	18 <sup>2</sup> . 18
ete	James H Rischling	•			Elizabeti		·		- A
. <u>.</u> ₫	13. EVER IN U.S. ARMED FORCES?	Give dates of service	if Yes. 14s, IN	FORMANT-NAI	ME		<del></del>	14b. RFLA	TIONSHIP TO DECEDENT
completed/verified	(Yes, No, or Unk.) Yes 09/24/		1 .	ra Rischlind	A CONTRACTOR OF THE PARTY OF TH	70 (1) 100 (1)		Daught	
. 8	16. METHOD OF DISPOSITION	16a, EMBALMER-SI				16b. LICENSE	NO.		(Mo., Day, Yr.)
٤	Buriel Donation	Not Embalme	ન્ત	**************************************		<b>.</b>		July 25	
	- Cremation 🔲 Entombment 📜	16d. CEMETERY, C		OTHERIOCAT	<u></u>	CITY	/ TOWN	July 25	STATE
:	Removal Other (Specify)	1.		A S	way			*	yes a second
		Lincoln Crema		٧	70	Linco	oin	<u> </u>	Nebraska <sup>3</sup>
	17a. FUNERAL HOME NAME AND MA				597 5 <b>6</b> ;	•			17b. Zip Code
	Kunci Funeral Home, 607 W	rest ard Street, P	Ų ΒΟΧ 742. V	vilder, Nebra	aska ·		)		68465
	en E san ser d	C	AUSE OF DE	ATH (See in	nstructions a	and exampl	es)	·	<del>-</del> -,
5.7	18. PART I. Enter the chain of events- diseas							APP	ROXIMATE INTERVAL
12	respiratory arrest, or ventricular floridat		stiology, DO NOT A	BBREVIATE Enter	only one cause on	a line. Add additio	onal lines if necessary,		
X		IATE CAUSE:		** <u>*</u>	¥ X	April 1			et to death
	IMMEDIATE CAUSE (Final 8) Car disease or condition resulting	diorespiratory Ari	rest					Mir	nutes
	In death)	O, OR AS A CONSEQU	IENCE OF		<del></del>	, w.'		<u> </u>	-1 1- d1
· · · · · · · · · · · · · · · · · · ·		o, on as a consequant astatic Melanoma		The state of the s	, · · · ×			•	et to death 'ear 🚴 🔏
	any, leading to the cause listed	COLUMN TO CONTROL OF THE COLUMN TO C	-			e e e			
	on line a.  DUE TO	O, OR AS A CONSEQU	JENCE OF:	<del></del>				ons	et to death
	Enter the UNDERLYING CAUSE C)	**							
, 1	(disease or injury that initiated the events resulting in death) > THE TY	O, OR AS A CONSEQU	HENCE OF		g + 3 - 3r				1 %
<b>_</b>	LAST d)	, OR AS A CONSEQU	JENCE OF:	<b>.</b> .	( ) * · · ·	× ;	*	ons	et to death
7 1				× .		γ	۲.		
							<del></del>		
	18. PART II. OTHER SIGNIFICANT CO	NDITIONS-Conditions	s contributing to	the death but r	not resulting in th	re uncertying c	ause given in PARI	i.   19. WAS I	MEDICAL EXAMINER -
	· ·	NDITIONS-Conditions	s contributing to	the death but r	not resulting in th	ie underlying d	ause given in PAR1	OR CO	RONER CONTACTED?
ER	18. PART II. OTHER SIGNIFICANT CO	NDITIONS-Condition		<u> 5 1</u>	().a. *****	in in		OR COI	RONER CONTACTED?
II FIER	18. PART H. OTHER SIGNIFICANT CO	NDITIONS-Conditions	21a. MANNER (	OF DEATH	21b, i	F TRANSPORT		OR COI	RONER CONTACTED?
. ⊑ ≋	18. PART H. OTHER SIGNIFICANT CO	NDITIONS-Condition	21a. MANNER (	OF DEATH  Homicide	» 21b. i	F TRANSPORT	ATION INJURY 21c	OR COI	RONER CONTACTED?
CERTIFIER	18. PART II. OTHER SIGNIFICANT CO  20. IF FEMALE:  Not pregnant which post year  Pregnant at time of death		21a. MANNER (	OF DEATH	21b, i	F TRANSPORT Oriver/Operator Passenger	ATION INJURY 21c	OR COI	RONER CONTACTED? S X NO OPSY PERFORMED?
. ⊑ ≋	18. PART II. OTHER SIGNIFICANT CO  20. IF FEMALE:  Not pregnant within post year  Pregnant at time of death  Not pregnant, but pregnant within 42 d	ays of death	21a. MANNER (	OF DEATH  Homicide	gation C	F TRANSPORT Driver/Operator Passenger Pedestrian	ATION INJURY 21c	OR COI	RONER CONTACTED? S NO OPSY PERFORMED? NO OPSY FINDINGS AVAILABI
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To be completed by: CER1IF	20. IF FEMALE:    Not pregnant within post year     Pregnant at time of death     Not pregnant at days to     Pregnant at time of death     Not pregnant at days to     Pregnant at time of death     Not pregnant at days to     Pregnant at time of death     Not pregnant at days to     Pregnant at time of death     Not pregnant at days to     Pregnant at time of death     Not pregnant at days to     Pregnant at time of death     Pregnant at time of death     Not pregnant at time of death     Not pregnant at time of death     Pregnant at time of death     Not pregnant at time of death     Pregnant at time of death     Not pregnant at time of death     Not pregnant at time of death     Pregnant at time of death     Not pregnant at time of death     Pregnant at time of death     Not pregnant at displays to     Pregnant at time of death     Pregnant at time o	lays of death 1 year before death 22b. TIME OF I 3CRIBE HOW INJURY 8 NUMBER, APT.NO Day, Yr.) 23c. TII 02 0. death occurred at the tir ed. (Signature and Title)	21a. MANNER (   Natural   Accident     Accident   Suricide     Suricide   City   OCCURRED     OC	OF DEATH Homicide Pending stressin Could not be de	RY-At home, farr	F TRANSPORT Driver/Operator Passenger Pedestrian Other (Specify) TE SIGNED (Mc ONOUNCED DE De basis of examination, date and plan	ATION INJURY 21c  21d  y, office building, c  STATE  b, Day, Yr.)  EAD (Mo., Day, Yr.)  wation and/or investigat ce and due to the cause  RED? 25b. WAS	OR COMPLET  YES  WERE AUTOR TO COMPLET  YES  ONSTRUCTION SIX	RONER CONTACTED? S NO OPSY PERFORMED? X NO OPSY PERFORMED? X NO OPSY PERFORMED? OPSY PENFORMED? OPSY PENFORMED. OPSY PENFORMED
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