

No.	Gen.	Num.	Paged	
#5	✓	✓	✓	
dk	Register of Deeds			

From, Chg. and Return to:
Hanson, Hroch & Kuntz, Attys.
1331 Main Street
Crete, NE 68333
Fee: \$ 11.50 Chg.

STATE OF NEBRASKA } ss 2009-00640
SALINE COUNTY
Entered in numerical index and filed on
record, the 21 day of September
2009 at 3:10 o'clock P.M. and recorded
in Book 69 of Misc. Page 291-292
Jude Kuntz
County Clerk

Please record against:

The East Half (E $\frac{1}{2}$) of the Northeast Quarter (NE $\frac{1}{4}$) of Section Thirty-Four (34), Township Eight (8) North, Range Three (3), East of the 6th P.M., in Saline County, Nebraska;

The West Half (W $\frac{1}{2}$) of the Northeast Quarter (NE $\frac{1}{4}$) and the North Half (N $\frac{1}{2}$) of the Northeast Quarter (NE $\frac{1}{4}$) of the Southeast Quarter (SE $\frac{1}{4}$), all in Section Thirty-Four (34), Township Eight (8) North, Range Three (3), East of the 6th P.M., in Saline County, Nebraska;

The East Half (E $\frac{1}{2}$) of the Northeast Quarter (NE $\frac{1}{4}$) of Section Three (3), Township Seven (7) North, Range Three (3), East of the 6th P.M., in Saline County, Nebraska; and

The Northeast Quarter (NE $\frac{1}{4}$) of Section Thirty-Six (36), Township Eight (8) North, Range Three (3), East of the 6th P.M., in Saline County, Nebraska, except for a tract of land, more particularly described as follows: Beginning at a point 733.0 feet East of the Northwest (NW) corner of said Northeast Quarter (NE $\frac{1}{4}$), thence South 800.0 feet, thence West 99.0 feet, thence South 275.0 feet, thence East 175.0 feet, thence North 275.0 feet, thence East 484.0 feet, thence North 800.0 feet, thence West 583.0 feet to the place of beginning.

Please file, charge and return to:

Matthew Hanson
1331 Main
Crete, NE 68333

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE 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

AUG 05 2009

LINCOLN, NEBRASKA

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

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT
CERTIFICATE OF DEATH 09-26773

1. DECEDENT'S-NAME (First, Middle, Last, Suffix) Mildred Mae Pavlish			2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) July 28, 2009	
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.) September 10, 1925
7. SOCIAL SECURITY NUMBER 506-34-2495			8a. PLACE OF DEATH HOSPITAL: <input checked="" type="checkbox"/> Inpatient OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify)			
8b. FACILITY-NAME (If not institution, give street and number) Bryan LGH Medical Center West						
8c. CITY OR TOWN OF DEATH (Include Zip Code) Lincoln 68502			8d. COUNTY OF DEATH Lancaster			
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Saline		9c. CITY OR TOWN Crete		
9d. STREET AND NUMBER 639 County Rd. 1700			9e. APT. NO.	9f. ZIP CODE 68333	9g. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" 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 - Koll			12. MOTHER'S-NAME (First, Middle, Maiden Surname) Matilda - Kubes			
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) No			14a. INFORMANT-NAME Neal Pavlish		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 <i>Scott Blum</i>		16b. LICENSE NO. 1250	16c. DATE (Mo., Day, Yr.) July 31, 2009	
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) Kuncil Funeral Home 131 West 12th St. Crete, Nebraska					17b. Zip Code 68333	

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) <i>Intracranial hemorrhage</i>	DUE TO, OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL onset to death <i>Hours</i>
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 (b) <i>Hypertension</i>	DUE TO, OR AS A CONSEQUENCE OF:	onset to death <i>Hours</i>
(c)	DUE TO, OR AS A CONSEQUENCE OF:	onset to death
(d)	DUE TO, OR AS A CONSEQUENCE OF:	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?
 YES 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
			21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>TAM</i>	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.) July 28, 2009	23b. DATE SIGNED (Mo., Day, Yr.) July 31, 2009	23c. TIME OF DEATH 0907am	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>M. Jones</i>	24a. DATE SIGNED (Mo., Day, Yr.)	24b. TIME OF DEATH m	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>M. Jones</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) Tamer Mahroos 2300 S. 16th St Lincoln NE 68502		
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>	28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) AUG 4 2009	