



201700597

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Carol Givens
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Filed:

February 06, 2017 9:09:00 AM

Register of Deeds
DODGE COUNTY, NE

Fee \$22.00

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

After recording please return to:

Rodney A. Johnson
Attorney at Law
P.O. Box 436
North Bend, NE 68649-0436

CERTIFIED DEATH CERTIFICATE FOR FILING WITH REFERENCE TO PREVIOUSLY RECORDED DEED FOR:

- | | | | |
|-------------------------------------|---------------|--------------------------|---|
| <input checked="" type="checkbox"/> | Joint Tenancy | <input type="checkbox"/> | Transfer on Death Deed |
| <input type="checkbox"/> | Life Estate | <input type="checkbox"/> | Quitclaim Deed to Trustees of Revocable Trust |

LEGAL DESCRIPTION FOR DEED(S) IDENTIFIED ABOVE:

SEE ATTACHED SCHEDULE "A"

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

07/06/2015

LINCOLN, NEBRASKA

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

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CERTIFICATE OF DEATH

15 24490

1. DECEDENT'S NAME (First, Middle, Last, Suffix) William Oliver Cromwell Taylor		2. SEX Male	3. DATE OF DEATH (Mo., Day, Yr.) June 20, 2015
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Fremont, Nebraska		5a. AGE-Last Birthday (Yrs.) 61	5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.
7. SOCIAL SECURITY NUMBER 506-72-2827		8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)	
8b. FACILITY NAME (If not institution, give street and number) 2056 Co Rd 13		8c. COUNTY OF DEATH Dodge	
8c. CITY OR TOWN OF DEATH (Include Zip Code) Ames 68621		9a. RESIDENCE-STATE NE	
9b. COUNTY Dodge		9c. CITY OR TOWN Ames	
9d. STREET AND NUMBER 2056 Co Rd 13		9e. APT. NO.	9f. ZIP CODE 68621
9g. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" 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. Patricia Dunker	
11. FATHER'S NAME (First, Middle, Last, Suffix) Ralph Taylor		12. MOTHER'S NAME (First, Middle, Maiden Surname) Maxine Emmons	
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. No		14a. INFORMANT-NAME Patricia Taylor	
14b. RELATIONSHIP TO DECEDENT Wife		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)	
15a. FUNERAL HOME AND MAILING ADDRESS (Street, City or Town, State) Moser Memorial Chapel, 1040 North Main, North Bend, NE		15b. LICENSE NO. 1146	
15c. DATE (Mo., Day, Yr.) June 24, 2015		15d. CEMETERY, CREMATORY OR OTHER LOCATION Memorial Cemetery Fremont NE	
16. 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 onset to death	
IMMEDIATE CAUSE: (a) <i>Pancreatic Cancer</i>		5 months.	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (b)		onset to death	
Sequitally list conditions, if any, leading to the cause listed on line a. (c)		onset to death	
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (d)		onset to death	
16. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to the death but not resulting in the underlying cause given in PART I.		18. 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 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 checked="" 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.) June 20, 2015		23b. TIME OF DEATH 4:25 am	
23c. DATE SIGNED (Mo., Day, Yr.) 6-22-2015		23d. TIME PRONOUNCED DEAD m	
23e. PRONOUNCED DEAD (Mo., Day, Yr.)		23f. TIME PRONOUNCED DEAD m	
23g. 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>JMA</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		25a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
26. WAS CONSENT GRANTED? Not Applicable if 25a is no <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Thomas A. McKnight MD 350 W. 23rd St Fremont NE			
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>		28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUL 1 2015	

SCHEDULE "A"

The S 1/2 NE 1/4; the E 1/2 E 1/2 NW 1/4 NE 1/4;
and the NE 1/4 NE 1/4 of Section 1, Township 17 North,
Range 6 East of the 6th P.M., Dodge County, Nebraska

The S 1/2 SE 1/4 of Section 36, Township 18 North, Range 6 East
of the 6th P.M., Dodge County, Nebraska

The NW 1/4 and Tax Lot 5, all in Section 6, Township 17 North,
Range 7 East of the 6th P.M., Dodge County, Nebraska

The SW 1/4, Tax Lot 23 and Tax Lot 22, all in Section 9, Township 17 North,
Range 7 East of the 6th P.M., Dodge County, Nebraska

Tax Lot 6 in Section 8, Township 17 North, Range 7 East
of the 6th P.M., Dodge County, Nebraska

Tax Lot 5 in Section 5, Township 17 North, Range 7 East of the 6th P.M.,
Dodge County, Nebraska

Tax Lot 10 in Section 7, Township 17 North, Range 7 East
and Tax Lot 12 in Section 12, Township 17 North, Range 6 East,
all in the 6th P.M., Dodge County, Nebraska

The NE 1/4 SW 1/4 and the NW 1/4 of Section 5, Township 17 North,
Range 7 East of the 6th P.M., Dodge County, Nebraska

The N 1/2 NW 1/4 in Section 4, Township 17 North, Range 7 East
of the 6th P.M., Dodge County, Nebraska