

DEED RECORD

631

No. 135 6300-REDFIELD & COMPANY, OMAHA

Huffman (Title in Survivor) - No. 103 1/2 - 415 Printed Words

FROM
EDWARD S. RYCHECKY AND WF.
TO
JAMES E. RISCHLING, ET AL.

STATE OF NEBRASKA }
COUNTY OF SALINE } Entered in Numerical Index and filed for record in the
County Clerk's office of said County the 31 day of March
1959 at 11 o'clock and -- minutes A. M., and recorded in Book 97 page 631 of Deeds.

Joseph J. Ripa- - - - - County Clerk,
By Deputy.

KNOW ALL MEN BY THESE PRESENTS, That We Edward S. Rychecky and Louise Rychecky, Each in their own right and spouse of the other in consideration of Twenty eight hundred and no/100 ----- DOLLARS in hand paid, do hereby grant, bargain, sell, convey and confirm unto James E. Rischling and Patricia Rischling as JOINT TENANTS, and not as tenants in common; the following described real estate, situated in the County of Saline and State of Nebraska, to-wit:

Lots Six (6), Seven (7), Eight (8) and Nine (9), in Block Six (6) of The Original Town of Western, Saline County, Nebraska

together with all the tenements, hereditaments and appurtenances to the same belonging, and all the estate, title, dower, right of homestead, claim or demand whatsoever of the said grantor, of, in or to the same, or any part thereof; subject to 1957 taxes

IT BEING THE INTENTION OF ALL PARTIES HERETO, THAT IN THE EVENT OF THE DEATH OF EITHER OF SAID GRANTEEES, THE ENTIRE FEE SIMPLE TITLE TO THE REAL ESTATE DESCRIBED HEREIN SHALL VEST IN THE SURVIVING GRANTEE.

TO HAVE AND TO HOLD the above described premises, with the appurtenances, unto the said grantees as JOINT TENANTS, and not as tenants in common, and to their assigns, or to the heirs and assigns of the survivor of them, forever, and we the grantor s named herein for ourselves and our heirs, executors, and administrators, do covenant with the grantees named herein and with their assigns and with the heirs and assigns of the survivor of them, that we are lawfully seized of said premises; that they are free from incumbrance except as stated herein, and that we the said grantor s have good right and lawful authority to sell the same, and that we will and our heirs, executors and administrators shall warrant and defend the same unto the grantees named herein and unto their assigns and unto the heirs and assigns of the survivor of them, forever, against the lawful claims of all persons whomsoever, excluding the exceptions named herein.

IN WITNESS WHEREOF we have hereunto set our hands this 21st day of March, 1959 U. S. Revenue \$3.30 Canceled JJR 3/31/59 In presence of Gerald J. Hallstead Edward S Rychecky Louise Rychecky

STATE OF } On this day of A. D. County of } before me, a Notary Public in and for said County, personally came the above named

who personally known to me to be the identical person whose name affixed to the above instrument as grantor, and whose name acknowledged said instrument to be voluntary act and deed.

WITNESS my hand and Notarial Seal the date last aforesaid.

My commission expires on the day of A. D. Notary Public.

STATE OF NEBRASKA) ss. On this 21st day of March, 1959, before me, the undersigned a Notary Public, duly commissioned and qualified for said County, personally came Saline County) Edward S. Rychecky and Louise Rychecky, husband and wife, each in their own right and spouse of the other, to me known to be the identical person / whose name is or names are subscribed to the foregoing instrument, and acknowledged the execution thereof to be, his, her or their voluntary act and deed.

Gerald J. Hallstead
State of Nebraska
General Notary Seal
Commission Expires
Oct. 10, 1963

Witness my hand and Notarial Seal the day and year last above written.
Gerald J. Hallstead Notary Public.
My commission expires the 10th day of October, 1963.

Blue Border
100% LINEN LEDGER

| | | | | |
|---|---|---|---|---|
| 2 | ✓ | ✓ | ✓ | ✓ |
|---|---|---|---|---|

STATE OF NEBRASKA, County of Saline

Filed for record and entered in Numerical Index
 on October 18, 1974 at 9 o'clock A. M.,
 and recorded in Deed Record 129 Page 193.

Ray S. Horak By _____
 County Clerk ~~of~~ Deputy County Clerk or
 Deputy Register of Deeds

From, chg. & ret. to:
 James E. Rischling, Western, NE
 Fee: \$ 3.25 chg.
 Doc. Stamp: \$.55 paid

JOINT TENANCY QUITCLAIM DEED

Robert Horak, Effie Horak, Husband & Wife

_____ , herein called the grantor whether one or more,
 in consideration of Three Hundred and no/100- _____
 received from grantees, does quitclaim, grant, bargain, sell, convey and confirm unto

James E. Rischling or Patricia A Rischling
 as joint tenants and not as tenants in common, the following described real property in

Saline County, Nebraska:
Block # 6,
West 1/2 of Lots 10,11,12/Original Town of Western,
Saline County, Nebraska.

NEBRASKA DOCUMENTARY
 STAMP TAX
 OCT 18 1974
 \$.55 BY Emel

To have and to hold the above described premises together with all tenements, hereditaments
 and appurtenances thereto belonging unto the grantees as joint tenants.

Dated Oct 8 19 74

Robert Horak

Effie Horak

STATE OF NEBRASKA, County of Saline:

Before me, a notary public qualified for said county, personally came

Robert Horak , & Effie Horak

known to me to be the identical person or persons who signed the
 foregoing instrument and acknowledged the execution thereof to be his,
 her or their voluntary act and deed.

PAUL S. RYHMALDS
 GENERAL NOTARIAL
 STATE OF NEBRASKA
 My Comm. Expires
 May 30, 1977

Witness my hand and notarial seal on part 74

Paul S. Ryhmalds Notary Public

My commission expires 30 May, 1977

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 Kastanek
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

File Against: Lots 1, 2, 3, 4, 5, 6, 7, 8 & 9 & W 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

| | | | | | | |
|---|-----------------------------------|--|--|---|--|---|
| 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"/> ER <input checked="" 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) Heritage Care Center | | | 8c. CITY OR TOWN OF DEATH (Include Zip Code) Fairbury, Nebraska 68352 | | | |
| 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. ENCALMER-SIGNATURE <i>Seal Blank</i> | 16b. LICENSE NO. 1256 | 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) Kuncl 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. | | | | | | |
| IMMEDIATE CAUSE: (a) <u>Dementia</u> DUE TO, OR AS A CONSEQUENCE OF: | | | | | | APPROXIMATE INTERVAL onset to death |
| Sequentially list conditions, if any, leading to the cause listed on line a. (b) <u>Severe Heart Valve Disease</u> DUE TO, OR AS A CONSEQUENCE OF: | | | | | | onset to death |
| Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) (c) _____ DUE TO, OR AS A CONSEQUENCE OF: | | | | | | onset to death |
| LAST (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? <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.) | |
| 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> | | | 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) <input checked="" type="checkbox"/> | | | | | | |
| 25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input checked="" type="checkbox"/> YES <input 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 Blatney, 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 |

To Be Completed/Verified by: FUNERAL DIRECTOR

To Be Completed by: CERTIFIER

To Be Completed by: ATTENDING PHYSICIAN ONLY

To Be Completed by: CORONER'S PHYSICIAN OR COUNTY ATTORNEY ONLY

| | | | | |
|-----|-------------------|-----|-------|--|
| No. | Gen | Hum | Other | |
| #23 | ✓ | ✓ | ✓ | |
| dk | Register of Deeds | | | |

Fee: \$ 21.00 paid (check)

From and
Return To:

Michael M. Hroch
Hanson, Hroch & Kuntz
P.O. Box 626
Wilber, NE 68465

2011-09188
STATE OF NEBRASKA } ss
SALINE COUNTY

Entered in numerical index and filed on
record, the 20 day of December
20 11 at 12:42 clock P. M. and recorded
in Book 386 of Records Page 109-110

Jinda Kustach
County Clerk

WARRANTY DEED

JAMES E. RISCHLING, a single person, GRANTOR, in consideration of ONE DOLLAR (\$1.00) AND OTHER VALUABLE CONSIDERATION received from GRANTEEES, DEBRA J. RISCHLING, KELLY L. MOHLMAN and RICHIE A. RISCHLING, conveys to GRANTEEES, as tenants in common, an undivided one-third (1/3) to each, the following described real estate (as defined in Neb. Rev. Stat. 76-201):

Lots Numbered One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7), Eight (8) and Nine (9) and the West Half (W½) of Lots Numbered Ten (10), Eleven (11) and Twelve (12), all in Block Numbered Six (6) in the Original Town of Western, Saline County, Nebraska;

Lots Numbered Two (2), Three (3) and Four (4), in Block Numbered Twelve (12) in the Original Town of Western, Saline County, Nebraska;

The North Ninety-six Feet (N96') of Lots Numbered One (1), Two (2) and Three (3) and all of Lots Numbered Four (4), Five (5) and Six (6), all in Block Numbered One (1) in Shearer's Addition to the Village of Western, Saline County, Nebraska;

Lot Numbered One (1), in Block Numbered Four (4) in Shearer's Addition to the Village of Western, Saline County, Nebraska.

GRANTOR covenants with GRANTEEES that GRANTOR:

(1) is lawfully seised of such real estate and that it is free from encumbrances except easements and restrictions of record excepting, however, that Grantor reserves for himself the full possession, use, rents and profits of and from such real estate for and during the term of his natural life;

(2) has legal power and lawful authority to convey the same;

(3) warrants and will defend title to the real estate against the lawful claims of all persons.

Executed December 20, 2011.

| | |
|-----------------------------------|--------------|
| NEBRASKA DOCUMENTARY STAMP TAX | |
| Date | 12-20-11 |
| \$ | EX (5) by dk |

James E. Rischling
JAMES E. RISCHLING

STATE OF NEBRASKA)
) SS.
COUNTY OF SALINE)

The foregoing instrument was acknowledged before me on
December 20, 2011 by JAMES E. RISCHLING, a single person.



Michael M. Hroch
Notary Public

My commission expires August 23, 2012.

| No. | Gen. | Num. | Paged | RCD |
|----------------------|------|------|-------|-----|
| #4 | ✓ | ✓ | ✓ | ✓ |
| dk Register of Deeds | | | | |

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 o'clock PM. and recorded in Book 78 of Misc. Page 580-582

Debra J. Rischling
County Clerk

Fee: \$ 22.00 paid (check)

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)

581

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



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

DATE OF ISSUANCE

7/28/2017

LINCOLN, NEBRASKA

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

17 09470

CERTIFICATE OF DEATH

| | | | | | |
|--|--|---|---|---|--|
| 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 HOURS MINS. | 5c. UNDER 1 DAY | |
| 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"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | 6. DATE OF BIRTH (Mo., Day, Yr.) August 8, 1933 | |
| 8b. FACILITY-NAME (If not institution, give street and number) Heritage Care Center | | 8c. CITY OR TOWN OF DEATH (Include Zip Code) Fairbury 68352 | | 3d. 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 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 | | 16c. DATE (Mo., Day, Yr.) July 25, 2017 | |
| 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. | |
| 16d. CEMETERY, CREMATORY OR OTHER LOCATION Lincoln Cremation Service | | CITY / TOWN Lincoln | | STATE Nebraska | |
| 17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Kuncl 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) 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 | | | | onset to death Minutes | |
| IMMEDIATE CAUSE: a) Cardiorespiratory Arrest | | | | onset to death 1 Year | |
| DUE TO, OR AS A CONSEQUENCE OF: b) Metastatic Melanoma | | | | onset to death | |
| DUE TO, OR AS A CONSEQUENCE OF: c) | | | | onset to death | |
| DUE TO, OR AS A CONSEQUENCE OF: d) | | | | | |
| 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. | | CITY/TOWN | | STATE | |
| 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 | | | | 28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) July 26, 2017 | |
| 28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i> | | | | | |

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

0097831

| No. | Gen. | Num. | Paged | ROD | |
|-----|------|------|-------|-----|-------------------|
| #9 | ✓ | ✓ | ✓ | ✓ | |
| dk | | | | | Register of Deeds |

From and Return to:
 Saline County Court
 Court House
 Wilber, NE 68465
 Fee: \$16.00 Chg. to:
 Brad Kalkwarf, Atty.
 P. O. Box 905
 Wilber, NE 68465

FROM & RETURN TO: Bradley T. Kalkwarf, Attorney, P.O. Box 905, Wilber, NE 68465

STATE OF NEBRASKA } ss
 SALINE COUNTY

Index No. 2018 00031
 Entered in numerical index and filed on
 record, the 5 day of January
20 18 at 3:45 o'clock P. M. and recorded
 in Book 78 of Misc. (Page 583-584)
Brad Kalkwarf
 County Clerk

IN THE COUNTY COURT OF SALINE COUNTY, NEBRASKA

IN THE MATTER OF THE ESTATE) No. PR18- 3
))
) CERTIFICATE
))
 JAMES E. RISCHLING, DECEASED))

This is to certify that there is pending in the County Court of Saline County, Nebraska a proceeding entitled IN THE MATTER OF THE ESTATE OF JAMES E. RISCHLING, DECEASED, in which proceeding the following described real estate is involved:

Lots Numbered One (1), Two (2), Three (3), Four (4) and Five (5), Block Numbered (6), Village of Western, Saline County, Nebraska;

Lots Numbered Six (6), Seven (7), Eight (8) and Nine (9), Block Numbered Six (6), Village of Western, Saline County, Nebraska;

West Half (W½) of Lots Numbered Ten (10), Eleven (11) and Twelve (12), Block Numbered Six (6), Village of Western, Saline County Nebraska;

Lots Numbered Two (2), Three (3) and Four (4), Block Numbered Twelve (12), Village of Western, Saline County, Nebraska;

The North Ninety-six feet (N96') of Lots Numbered One (1), Two (2) and Three (3) and all of Lots Numbered Four (4), Five (5) and Six (6), Block Numbered One (1), Shearer's Addition to the Village of Western, Saline County, Nebraska; and

Lot Numbered One (1), Block Numbered Four (4), Shearer's Addition to

FILED BY THE CLERK OF THE
 SALINE COUNTY COURT ON

JAN 05 2018

WILBER, NEBRASKA



584

the Village of Western, Saline County, Nebraska.

Dated: January 5th, 2018.

Joshua K. McDowell
County Judge/Registrar

