

No.	Cont.	Ind.	Ind.	Ind.	Ind.
#5	✓	✓	✓		
JK	Record of Deeds				

From, Chg. and Return to:  
 Kalkwarf & Smith, Attys.  
 P. O. Box 905  
 Wilber, NE 68465  
 Fee: \$ 6.00 Chg.

STATE OF NEBRASKA } ss  
 SALINE COUNTY }  
 Entered in numerical index and filed on  
 record, the 20 day of October  
 2004 at 9:19 o'clock AM. and recorded  
 in Book 333 of Records Page 556  
*Phillia G. Jira*  
 County Clerk

WARRANTY DEED

LILLIAN WANЕК, a single person, GRANTOR, in consideration of ONE DOLLAR (\$1.00) AND OTHER VALUABLE CONSIDERATION received from GRANТЕES, L. DONALD WANЕК, a married person and LILA L. KLASEK, a single person, conveys to GRANТЕES, as tenants in common and not as joint tenants, an undivided one-half interest to each, the following described real estate (as defined in neb. Rev. Stat. 76-201):

The East Half (E½) of Lot Two Hundred Sixty Five (265) and all of Lot Two Hundred Sixty Six (266) in the Original Town of Wilber, Saline County, Nebraska, and that portion of the vacated alley north of the East Half (E½) of said Lot Two Hundred Sixty Six (266), more particularly described as follows: beginning at the northeast corner of said Lot Two Hundred Sixty Six (266), thence north 6 feet, thence west 22 feet, thence south 6 feet, thence east 22 feet to the place of beginning.

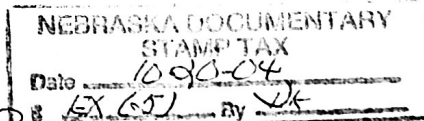
GRANTOR covenants, jointly and severally, with GRANТЕES that GRANTOR:

(1) is lawfully seized of such real estate and that it is free from encumbrances except easements and restrictions whether or not of record excepting, however, that Grantor reserves for herself the full possession, use, rents and profits of and from such real estate for and during the term of her 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.

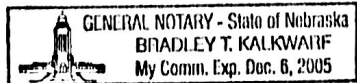
Executed September 8, 2004.



*Lillian Wanek*  
 LILLIAN WANЕК

STATE OF NEBRASKA    )  
   ) SS.  
 COUNTY OF SALINE    )

The foregoing instrument was acknowledge before me on September 8, 2004, by Lillian Wanek, a single person.



*Bradley T. Kalkwarf*  
 Notary Public

My commission expires 12/06/05.

No.	Gen.	Num.	Paged	ROD
#4	✓	✓	✓	✓
dk Register of Deeds				

From, Chg. and Return to:-  
Bradley T. Kalkwarf, Atty.  
P. O. Box 905  
Wilber, NE 68465  
Fee: \$ 16.00 Chg.

STATE OF NEBRASKA } ss  
SALINE COUNTY  
Index No. 2018-01184  
Entered in numerical index and filed on  
record, the 31 day of July  
2018 at 11:40 clock A M. and recorded  
in Book 79 of Misc. Page 207-208  
Bradley T. Kalkwarf  
County Clerk

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

Please return filed Documents to: Bradley T. Kalkwarf, Atty., 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: October 20, 2004

DEED RECORDING INFORMATION: BOOK 333 PAGE 556

GRANTOR: Lillian Wanek

GRANTEE: L. Donald Wanek and Lila L. Klasek

FULL AND COMPLETE LEGAL DESCRIPTIONS:

E½ of Lot 265 and all of Lot 266 in the Original Town of Wilber, Saline County, NE,  
& that portion of vacated alley north of the E½ of said Lot 266, more particularly  
described as follows: beginning at the northeast corner of said Lot 266, thence  
north 6 feet, thence west 22 feet, thence south 6 feet, thence east 22 feet to the  
place of beginning.

**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  
7/16/2018  
LINCOLN, NEBRASKA

*RJ Ebke*  
RUSSELL FOSLER  
INTERIM ASSISTANT STATE REGISTRAR  
DEPARTMENT OF HEALTH  
AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

**CERTIFICATE OF DEATH**

18 08651

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Lillian Wanek			2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) June 28, 2018	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Saline County, Nebraska			5a. AGE - Last Birthday (Yrs.) 109	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) May 25, 1909
7. SOCIAL SECURITY NUMBER 505-44-9527			8a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> 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) Wilber Care Center			8c. CITY OR TOWN OF DEATH (Include Zip Code) Wilber 68465			
9a. RESIDENCE-STATE Nebraska			9b. COUNTY Saline		9c. CITY OR TOWN Wilber	
9d. STREET AND NUMBER 611 North Main			9e. APT. NO.	9f. ZIP CODE 68465	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 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) John Vesely			12. MOTHER'S NAME (First, Middle, Maiden Surname) Tillie Beck			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No			14a. INFORMANT-NAME Donald Wanek		14b. RELATIONSHIP TO DECEDENT Son	
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <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 3, 2018	
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) Kuncf Funeral Home, 607 West 3rd Street, PO Box 742, Wilber, Nebraska						17b. Zip Code 68465
<b>CAUSE OF DEATH (See instructions and examples)</b>						
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) Advanced Age					onset to death 20 Years	
DUE TO, OR AS A CONSEQUENCE OF: b) Pneumonia					onset to death 2 Weeks	
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. Heart Disease						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		ZIP CODE
23a. DATE OF DEATH (Mo., Day, Yr.) June 28, 2018		23b. DATE SIGNED (Mo., Day, Yr.) July 5, 2018		23c. TIME OF DEATH 07:45 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) Russell J. Ebke, MD		23e. CORNER'S PHYSICIAN or COUNTY ATTORNEY ONLY	24b. TIME OF DEATH	24c. PRONOUNCED DEAD (Mo., Day, Yr.)		
24d. 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				
25a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		25b. WAS CONSENT GRANTED? Not Applicable if 25a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO				
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Russell J. Ebke, MD, 2910 Betten Drive, Crete, Nebraska, 68333						28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) July 9, 2018
28a. REGISTRAR'S SIGNATURE <i>RJ Ebke</i>						

Pursuant to section 30-2413, demands for notice which may affect the estate of the deceased are filed with the county court in the county where the decedent resided at the time of death.

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