

No.	Gen.	Num.	Paged	ROD	
#2	✓	✓	✓	✓	
dk					Register of Deeds

Fee: \$ 16.00 Chg.

Chg.,  
 File and Return to:  
 Matthew Hanson  
 1331 Main  
 Crete, NE 68333

STATE OF NEBRASKA } ss page:count 2  
 SALINE COUNTY

Index No. 2019-00267  
 Entered in numerical index and filed on  
 record, the 21 day of February  
2019 at 10:42 clock A M. and recorded  
 in Book 79 of Misc. Page 111-718

*[Signature]*  
 County Clerk

Please file and record against:

The North Half of Lot 11 and all of Lot 12, Block 116, City of Crete, Saline County, NE.

# STATE OF COLORADO CERTIFICATION OF VITAL RECORD

## CERTIFICATE OF DEATH

STATE FILE NUMBER 1051998018345

DECEDENT'S LEGAL NAME TIMOTHY DEL DREVO				DATE OF DEATH SEPTEMBER 12, 1998			
SEX MALE	SOCIAL SECURITY NUMBER 505-96-4745	AGE-Last Birthday (Years) 35	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Mo/Day/Yr) APRIL 09 1963	BIRTHPLACE (State or Foreign Country) NEBRASKA	
IF DEATH OCCURRED IN HOSPITAL			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL CR 4 6.9 MILES E OF HWY 125				
Facility Name (If not institution, give street & number)			CITY, TOWN OR LOCATION OF DEATH UNINCORPORATED GRAND		COUNTY OF DEATH GRAND		
RESIDENCE - STREET AND NUMBER 215 MAIN AVENUE				APT. NO.	ZIP CODE 68333	INSIDE CITY LIMITS YES	
RESIDENCE STATE NEBRASKA			COUNTY BOULDER		CITY OR TOWN		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MECHANIC				KIND OF BUSINESS/INDUSTRY RAILROAD		DECEDENT'S EDUCATION ASSOCIATE DEGREE	
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White			
EVER IN US ARMED FORCES NO	MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) REBECCA S SPILNEK				
FATHER'S NAME MARVIN DUANE DREVO				MOTHER'S NAME PRIOR TO FIRST MARRIAGE KATHLEEN ANN CRISMAN			
INFORMANT'S NAME REBECCA DREVO				INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE			
NAME OF FUNERAL HOME SCHOENFELD MORTUARY				CITY AND STATE OF FUNERAL HOME HOT SULPHUR SPRINGS CO		WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION REMOVAL FROM STATE		PLACE OF DISPOSITION			LOCATION - CITY, COUNTY, STATE CRETE SALINE NEBRASKA		
INJURY AT WORK NO	IF TRANSPORTATION RELATED, SPECIFY			DATE OF INJURY SEPTEMBER 12, 1998	TIME OF INJURY 04:50 PM		
PLACE OF INJURY COUNTY ROAD							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code) CR4 6.9 GRANBY GRAND COLORADO							
DESCRIBE HOW INJURY OCCURRED DRIVER OF ATV THAT STRUCK A TRUCK							
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH 04:50 PM		DATE PRONOUNCED DEAD (MO/DAY/YR) SEPTEMBER 12, 1998		TIME PRONOUNCED DEAD 08:05 PM	
MANNER OF DEATH ACCIDENT			WAS AN AUTOPSY PERFORMED YES		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? YES		
<b>CAUSE OF DEATH</b>							
PART I		Enter the chain of events - diseases, injuries, or complications that directly caused the death					Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a MULTIPLE INTERNAL INJURIES					INSTANT
		b BLUNT FORCE TRAUMA					
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)		c ATV ACCIDENT					
		d					
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I							
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN					DATE SIGNED		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER DAVID O SCHOENFELD 555 HOMESTEAD DRIVE GRANBY CO 80446 GRAND					DATE SIGNED SEPTEMBER 17, 1998		
DATE FILED BY REGISTRAR OCTOBER 02, 1998							

AMENDED

DATE ISSUED **FEBRUARY 06, 2019**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

*Alex Quintana*  
A. ALEX QUINTANA  
STATE REGISTRAR



\* 009246759 \*

REV 04/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

