

2014 00299

STATE OF NEBRASKA } ss
SALINE COUNTY

Entered in numerical index and filed on record, the 24 day of February 20 14 at 2:05 o'clock PM. and recorded in Book 74 of Misc. Page 885-886

No.	Gen.	Num.	Paged	
#5	/	/	/	
clk Register of Deeds				

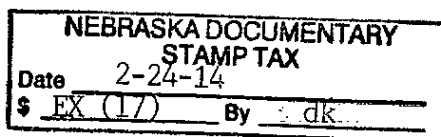
Fee: \$16.00 Chg.

David Kastuch
County Clerk

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

From, Chg. and
Please return filed Documents to:

Matthew Hanson
1331 Main
Crete, NE 68333



TITLE OF DOCUMENT: CERTIFIED DEATH CERTIFICATE FOR DEEDS

() Transfer on Death () Life Estate () Joint Tenancy () Other

DEED RECORDING DATE:

DEED RECORDING INFORMATION: BOOK _____ PAGE _____

GRANTOR: Vernon H. Huneke and Leona C. Huneke, Husband and Wife

GRANTEE: Leona C. Huneke, a single person

FULL AND COMPLETE LEGAL DESCRIPTIONS:

The west 37.1' of the north 105' of Lot Twenty (20) and the east 44.9' of Lot Nineteen (19), as well as Lot Ten (10) and part of Lot Nine (9), in Kreshel's Second Addition to the City of Wilber, Saline County, Nebraska; and

The South Half (S $\frac{1}{2}$) of the Northeast Quarter (NE $\frac{1}{4}$) of Section Thirteen (13), Township Six (6) North, Range Four (4), East of the 6th P.M., Saline County, Nebraska.

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

01/30/2014

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

14 00376

To be completed/verified by: FUNERAL DIRECTOR

To be completed by: CERTIFIER

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Vernon H Huneke			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) January 25, 2014	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Wilber, Nebraska		5a. AGE - Last Birthday (Yrs.) 87	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.		6. DATE OF BIRTH (Mo., Day, Yr.) January 30, 1926
7. SOCIAL SECURITY NUMBER 506-32-2354			8a. PLACE OF DEATH <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <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			
8d. COUNTY OF DEATH Saline			9a. RESIDENCE-STATE Nebraska		9b. COUNTY Saline	
9c. CITY OR TOWN Wilber			9d. STREET AND NUMBER 515 West 6th Street		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 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 Leona C Schroeder			
11. FATHER'S NAME (First, Middle, Last, Suffix) August John Huneke			12. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Barbara Burger			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) Yes 01/16/1951-01/11/1953			14a. INFORMANT NAME Leona C Huneke		14b. RELATIONSHIP TO DECEDENT Spouse	
16. 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. EMBALMER SIGNATURE Justin Wozny		16b. LICENSE NO. 1401		16c. DATE (Mo., Day, Yr.) January 27, 2014
15d. CEMETERY, CREMATORY OR OTHER LOCATION Zion Lutheran Cemetery			CITY / TOWN Clatonia		STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Kuncel Funeral Home, Inc., 131 W. 12th Street, Crete, Nebraska					17b. Zip Code 68333	

14. 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) Cardiopulmonary Arrest			onset to death Minutes			
DUE TO, OR AS A CONSEQUENCE OF: b) Multiple Myeloma			onset to death 6 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. Hip Fracture					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
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		
22g. ZIP CODE						
23a. DATE OF DEATH (Mo., Day, Yr.) January 25, 2014		23b. DATE SIGNED (Mo., Day, Yr.) January 27, 2014		23c. TIME OF DEATH 03:00 AM		
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) Troy Miller, DO				
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) Troy Miller, DO, 2910 Betten Drive, Crete, Nebraska, 68333						
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) January 28, 2014		