

DEED OF DISTRIBUTION

BY

PERSONAL REPRESENTATIVE

IRENE RICHTARIK, Personal Representative of the Estate of STANLEY E. RICHTARIK, DECEASED, GRANTOR, conveys and releases to

IRENE RICHTARIK, a life estate interest, and to RONNIE G. RICHTARIK, STANLEY W. RICHTARIK, CONNIE I. MAAS, MICHAEL C. RICHTARIK and LORI ANN SMITH, entire fee simple interest as Tenants In Common, an undivided one-fifth (1/5) to each, subject to the life estate of Irene Richtarik, GRANTEES,

the following described real estate (as defined in Neb. Rev. Stat. 76-201):

The South Half of the Southeast Quarter (S½SE¼) of Section Thirty-five (35), in Township Seven (7) North, Range Four (4), East of the 6th P.M. in Saline County, Nebraska;

NEBRASKA DOCUMENTARY
STAMP TAX
APR 18 1984
EX 52-720 BY [Signature]

subject to easements and restrictions of record.

GRANTOR has determined that the GRANTEES are the persons entitled to distribution of the real estate from said Estate. GRANTOR covenants with GRANTEES that GRANTOR has legal power and lawful authority to convey and release the same.

Executed March 20, 1984.

ESTATE OF STANLEY E. RICHTARIK,
DECEASED.

By Irene Richtarik
Personal Representative

STATE OF NEBRASKA)
) SS.
COUNTY OF SALINE)

The foregoing instrument was acknowledged before me on March 20, 1984 by IRENE RICHTARIK, Personal Representative

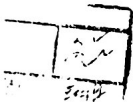
of the Estate of STANLEY E. RICHTARIK, Deceased.



Michael M. Hroch
Notary Public

My commission expires August 23, 1984.

STATE OF NEBRASKA, County of Saline.



Filed for record and entered in Numerical Index on April 18,
19 84 at 11:55 o'clock A.M., and recorded in Deed Record Book 220
Page 674-675.

From & ret. to: Hroch, Conner & Schelstraete

Wilber, Nebraska 68465

Fee: \$ 10.50 paid

Roy E. Hauka
County or Deputy County Clerk
Register or Deputy Register of Deeds

No.	Gen.	Num.	Paged	ROD
#10	✓	✓	✓	✓
dk Register of Deeds				

Fee: \$ 16.00 Chg.
Hanson, Hroch & Kuntz.

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

STATE OF NEBRASKA } ss
SALINE COUNTY }
Index No. 2018-01812
Entered in numerical index and filed on
record, the 30 day of October
2018 at 1:17 o'clock P. M. and recorded
in Book 79 of Misc. Page 413-414
[Signature]

Please file and record against:

The South Half (S½) of the Southeast Quarter (SE¼) of Section Thirty-Five (35), Township Seven (7) 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 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
10/22/2018
LINCOLN, NEBRASKA

RZF
RUSSELL FOSLER
INTERIM ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH
AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

18 13318

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Irene Richtarik			2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) October 17, 2018		
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Denton, Nebraska			5a. AGE - Last Birthday (Yrs.) 95		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.		
7. SOCIAL SECURITY NUMBER 506-20-8328			6. DATE OF BIRTH (Mo., Day, Yr.) July 12, 1923				
7a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> D&A			8. OTHER <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)				
7b. FACILITY-NAME (If not institution, give street and number) Wilber Care Center							
3a. 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 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, 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) Frank Filipi			12. MOTHER'S NAME (First, Middle, Maiden Surname) Milena Kodejs				
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No			14a. INFORMANT-NAME Lori Lynch		14b. RELATIONSHIP TO DECEDENT Daughter		
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 Jeffrey R. Kunc		16b. LICENSE NO. 1200		16c. DATE (Mo., Day, Yr.) October 22, 2018	
16d. CEMETERY, CREMATORY OR OTHER LOCATION Wilber Czech Cemetery			CITY/TOWN Wilber		STATE Nebraska		
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Kunc 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) a) Multiple Organ Failure					onset to death 7 Days		
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO THE CAUSE LISTED ON LINE a. b) Congestive Heart Failure					onset to death 5 Years		
ENTER THE UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST 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. Aortic Stenosis					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.) October 17, 2018		23b. DATE SIGNED (Mo., Day, Yr.) October 18, 2018		23c. TIME OF DEATH 09:58 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) Jason K. Hesser, MD		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) Jason K. Hesser, MD, 2910 Betten Drive, Crete, Nebraska, 68333							
28a. REGISTRAR'S SIGNATURE <i>RZF</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) October 19, 2018			

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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No.	Gen.	Num.	Paged	ROD	
#11		/	/	/	
dk					Register of Deeds

Fee: \$ 10.00 Chg.

STATE OF NEBRASKA } ss page count 1
SALINE COUNTY

Index No. 2019-00475

Entered in numerical index and filed on record, the 4 day of April

20 19 at 3:23 o'clock P. M. and recorded in Book 437 of Records, Page 511

[Signature]
County Clerk

Record, Charge and Return to:
Matthew Hanson
1331 Main
Crete, NE 68333

DEED OF DISTRIBUTION

BY

PERSONAL REPRESENTATIVE

NEBRASKA DOCUMENTARY
STAMP TAX
Apr 04, 2019
Exempt-15 By: DK

Adam M. Richtarik, Personal Representative of the Estate of Michael C. Richtarik, Deceased, GRANTOR, conveys and releases to Adam M. Richtarik, GRANTEE, the following described real estate (as defined in Neb. Rev. Stat. 76-201):

- a) An undivided one-fifth interest in and to the South Half (S½) of the Southeast Quarter (SE¼) of Section Thirty-Five (35), Township Seven (7) North, Range Four (4), East of the 6th P.M., Saline County, Nebraska; and
- b) Lot Two (2), Reed's North Addition to the City of Wilber, Saline County, Nebraska.

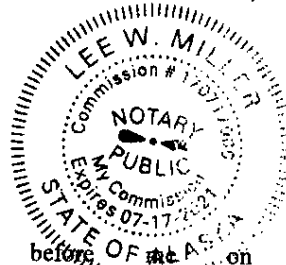
subject to easements, reservations, covenants and restrictions of record.

GRANTOR has determined that the GRANTEE is the person entitled to distribution of the real estate from said estate. GRANTOR covenants with GRANTEE that GRANTOR has legal power and lawful authority to convey and release the same.

Executed: 2/25/2019
2019. [Signature]

Adam M. Richtarik, Personal Representative of the Estate of Michael C. Richtarik, Deceased.

STATE OF ALASKA)
) ss.
COUNTY OF Kenai Pen.)



The foregoing instrument was acknowledged before me on Notary Public, State of Alaska 2019, by Adam M. Richtarik, Personal Representative of the Estate of Michael C. Richtarik, Deceased. My Commission Expires July 17, 2021

[Signature]
Notary Public