

181 STATE OF NEBRASKA, COUNTY OF OTOE, Filed for record in the REGISTER OF DEEDS, Jan 23, 1997, at 1:12 P. M., recorded in Book # 191 of DEEDS Page 323. John Harper, Register of Deeds, Fee: \$ 11.50 By Stanley S. Cooper, Deputy, Entered Indexed Paged Compared

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
DEC 5 1994
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA — DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. DECEDENT - NAME FIRST MIDDLE LAST <u>Otto Albert Stubbendeck</u>			2. SEX <u>Male</u>	3. DATE OF DEATH (Month Day, Year) <u>November 20, 1994</u>	
4. CITY AND STATE OF BIRTH (If not in U.S.A., name country) <u>Unadilla, Nebraska</u>		5a. AGE - Last Birthday (Yrs.) <u>78</u>	5b. MOS. UNDER 1 YEAR <u>6</u>	5c. DAYS UNDER 1 DAY <u>011</u>	6. DATE OF BIRTH (Month Day, Year) <u>December 5, 1915</u>
7. SOCIAL SECURITY NUMBER <u>507-46-8507</u>		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 <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
8b. FACILITY - Name (If not institution, give street and number) <u>Nebraska City Manor</u>		8c. CITY TOWN OR LOCATION OF DEATH <u>Nebraska City</u>			
9a. RESIDENCE - STATE <u>Nebraska</u>		9b. COUNTY <u>Otoe</u>		9c. CITY, TOWN OR LOCATION <u>Unadilla</u>	
9d. STREET AND NUMBER (Including Zip Code) <u>Rt. 1, Box 74, 68454</u>		9e. INSIDE CITY LIMITS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
10. RACE (e.g., White, Black, American Indian, etc.) (Specify) <u>White</u>		11. ANCESTRY (e.g., Italian, Mexican, German, etc.) (Specify) <u>German</u>		12. <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED	
13. NAME OF SPOUSE (If wife give maiden name) <u>Marie Kimbell</u>		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			
14b. KIND OF BUSINESS INDUSTRY <u>473 Agriculture</u>		15. EDUCATION (Specify only highest grade completed) <u>8</u> Elementary or Secondary (10-12) College (11-4 or 5+)			
16. FATHER - NAME FIRST MIDDLE LAST <u>William Stubbendeck</u>		17. MOTHER - NAME FIRST MIDDLE MAIDEN SURNAME <u>Anna Ropers</u>			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war and dates of services) <u>No</u>		19a. INFORMANT - NAME <u>Wife: Marie Stubbendeck</u>			
19b. INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Box 74, Unadilla, NE 68454</u>		20. EMBALMER - SIGNATURE & LICENSE NO. <i>Douglas C. Wymore</i> <u>488</u>			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		21b. DATE <u>Nov. 23, 1994</u>		21c. CEMETERY OR CREMATORY NAME <u>First Lutheran (North Branch)</u>	
22a. FUNERAL HOME - NAME <u>Fusselman-Wymore-Hammons F.H.</u>		22b. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>644 Park St., Box 246, Syracuse, NE 68446</u>			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <u>Natural causes</u> DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(b)		Interval between onset and death			
(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related <u>Aspiration pneumonia</u>		PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input type="checkbox"/>		24. AUTOPSY Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		26a. DATE OF INJURY (Mo., Day, Yr.)			
26b. HOUR OF INJURY		26c. DESCRIBE HOW INJURY OCCURRED			
26d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26e. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE			
27a. DATE OF DEATH (Mo., Day, Yr.) <u>11-20-94</u>		27b. DATE SIGNED (Mo., Day, Yr.) <u>11-22-94</u>		27c. TIME OF DEATH <u>11:00 P.M.</u>	
27d. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>DR Thomson</i>		28a. DATE SIGNED (Mo., Day, Yr.)			
28b. TIME OF DEATH		28c. PRONOUNCED DEAD (Mo., Day, Yr.)		28d. PRONOUNCED DEAD (Hr./M)	
28e. 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. <i>DR Thomson</i>		28f. (Signature and Title)			
29. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN		30a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30b. WAS CONSENT GRANTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) <u>Dean R. Thomson, M.D. 205 S. 8th St. Nebraska City, NE 68410</u>					
32a. REGISTRAR <i>Stanley S. Cooper</i>				32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <u>DEC 1 1994</u>	

Pursuant to the request of Gerald M. Stilmock, please index as to the real estate described on Attachment 1 attached hereto.

Dated this 27 day of January, 1997

Gerald M. Stilmock
Gerald M. Stilmock

ATTACHMENT 1

Lot Ten (10) in Block Two (2) in Gartner's Northview Addition to the Village of Unadilla, Otoe County, Nebraska;

The West Sixty-five (W 65) acres of the Northwest Quarter (NW 1/4) of Section Eight (8), Township Nine (9), Range Ten (10), in Otoe County, Nebraska, except real estate conveyed by Warranty Deed dated August 10, 1893, and recorded December 23, 1893, in Book 32 Deeds, Page 238, of the records of Otoe County, Nebraska, to School District No. 63 of Otoe County, Nebraska, and described as follows: Beginning at the Southwest corner of the Northwest Quarter of Section 8, Township 9 North, Range 10, East of the 6th P.M., thence running North Ten (10) rods, thence running East Sixteen (16) rods, thence running South Ten (10) rods, thence running West Sixteen (16) rods to the place of beginning, containing one acre; and

The Southeast Quarter (SE 1/4) of Section Two (2), and the East Sixty (60) Acres of the Northwest Quarter (NW 1/4) of Section Eight (8), all in Township Nine (9) North, Range Ten (10) East of the 6th P.M., in Otoe County, Nebraska;

The East 25 acres of the Northwest Quarter (NW 1/4) and the West 35 acres of the East 60 acres of the Northwest Quarter (NW 1/4) all in Section Eight (8), Township Nine (9), Range Ten (10) East of the 6th P.M. in Otoe County, Nebraska; the Northwest Quarter (NW 1/4) of Section One (1), Township Nine (9) North, Range Ten (10) and the Southeast Quarter (SE 1/4) of Section Two (2), Township Nine (9), Range Ten (10) and the East Half (E 1/) of the Northeast Quarter (NE 1/4) of Section Two (2), Township Nine (9), Range Ten (10) all East of the 6th P.M. in Otoe County, Nebraska;

The West Thirty-five (35) acres, of the Northwest Quarter excepting one (1) acre in the Southwest corner thereof used for School, of Section Eight (8) Township Nine (9), Range Ten (10), East of the 6th P.M., Otoe County, Nebraska;

The East 30 acres of the West 65 Acres of the Northwest Quarter of Section 8, Township 9, Range 10, Otoe County, Nebraska.