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FILED SARPY COUNTY NEBRASKA INSTRUMENT NUMBER

2010-31859

11/10/2010 10:56:37 AM

Clay J. Douding

**REGISTER OF DEEDS** 



THE ABOVE SPACE IS FOR THE REGISTER OF DEEDS FOR RECORDING INFORMATION

An undivided two fifths (2/5<sup>th</sup>) interest in the West Half of the Southwest Quarter of Section 14, Township 13 North, Range 11 East of the 6<sup>th</sup> P.M., Sarpy County, Nebraska

RETURN TO:
DAVID STAGE
P.O. BOX 520
GRETNA, NE 68028
ATTORNEY # 20166

FEE	FB	
BKP	C/O	COMP
DEL	SCAN	FV

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

JAN 0 8 2010

LINCOLN, NEBRASKA

STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

STA	ATE OF NEBRASK			EALTH AND H CATE OF			SFINANCE	AND SU	IPPORT	3 31	507	
1. DECEDENT'S-NAME (First,	Midd				Suffix)	<u> </u>	2. SEX		3. DATE O	F DEATH (Mo.,	Day, Yr.)	
Willi			ober	t			Male	<u> </u>	Decen	nber 28	, 2009	
4. CITY AND STATE OR TERRITOR	Y, OR FOREIGN COU	NTRY OF BIRTH		E-Last Birthday	5b. UNDE		5c. UNDE		6. DATE O	FBIRTH (Mo.,	Day, Yr.)	
Omaha, Nebrask	a		(Yrs	86	MOS.	DAYS	HOURS	MINS.	Decen	mber 9,	1923	
7, SOCIAL SECURITY NUMBER				8a. PLACE OF DI HOSPITAL:		Inpatient	QTH	:e- M	Nureina Home	e/LTC Hospi	na Facility	
8b. FACILITY-NAME (If not in	stitution, give stree	t and number)		UDUITINE.		•			-		oo i domiy	
Midlands Commu	nity Hosp	ital				ER/Outpa	tient		Decedent's H		•	
Bc. CITY OR TOWN OF DEATH (Inc	ude Zin Code)			L			. COUNTY OF		Other (Specify	//		
Papillion	add Lip dddd,					"	Sarpy					
9a. RESIDENCE-STATE	9b. C	OUNTY		9c. CI	TY OR TOW	N .						
Nebraska	Sa	rpy		S <sub>1</sub>	oring							
9d.STREET AND NUMBER 15308 Plattevi	ow Road					9e. APT.		IP CODE		9g. INSID	ECITYLIMIT S □ NO	
10a. MARITAL STATUS AT TIME OF		Never Married 1	Ob. NAME	OF SPOUSE (F	irst, Middle,	Last, Suffi			ame.		3 4 110	
☐ Married, but separated ☐ Wido		ļ	Ed	ith Knu	- son							
					OTHER'S-N		**					
11. FATHER'S-NAME (First, Willi	Middle,	Last, Schobe		ffix) 12. M	JIHEH 5-1	Mat		Mid		E1we	Surname) 1 1	
13. EVER IN U.S. ARMED FORCES				ME		1161	, C.I.		14b. RE	LATIONSHIP T		
(Yes, no, or unk.) No	/		h Sc	hobert					Wife			
15. METHOD OF DISPOSITION	16a. EMBALMER-S	1 - 1			16	b. LICENSE	ENO. 567			16c. DATE (Mo., Day, Yr. )		
☐ Burial ☐ Donation	16d CEMETERY	CREMATORY OR OT	HEBLOC				TY/TOWN		Janu	ary 5,		
☐ Cremation ☐ Entombment ☐ Removal ☐ Other (Specif		reen Memor			meter		Omaha	:		Nebrask		
17a. FUNERAL HOME NAME AND N										17b. Zip Co		
Kahler-Dolce Mo		41 North					Papill		NE		-2231	
IMMEDIATE CAUSE (Final (a)	MEDIATE CAUSE:  Archio  DE TO, OR AS A CONS  DE TO, OR AS A CONS  DE TO, OR AS A CONS	pulmon	w	1 Arra	ost				1	Sudde Sudde onset to death Year		
any, leading to the cause listed On line a.  Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)  LAST	JE TO, OR AS A CONS UE TO, OR AS A CONS	SEQUENCE OF: SEQUENCE OF:	ler	8.50					1	onset to death  Onset to death		
(d	ı .								1			
18. PART II. OTHER SIGNIFICANT	CONDITIONS-Conditio	ns contributing to the	death but	not resulting in the	underlying	cause give	en in PART I.		OR	AS MEDICAL EXA CORONER CON YES UN	TACTED?	
20. IF FEMALE:		21a MANNER C				TRANSPO		IURY 21c.	. WAS AN AU	TOPSY PERFOR	MED?	
Not pregnant within past year  Pregnant at time of death			Natural ☐ Homicide  Accident☐ Pending Investigation			☐ Passenger			☐ YES 🌠NO			
2	Pregnant at time of death     Not pregnant, but pregnant within 42 days of death			Suicide Could not be determined				21d	21d. WERE AUTOPSY FINDINGS AVAILABLE TO			
Not pregnant, but pregnant 43 day	s to 1 year before death		Other (Sp					pecify) COMPLETE CAUSE OF DEATH?				
Unknown if pregnant within the p	ast year				_				TES YES	<b>X</b> 040		
22a. DATE OF INJURY (Mo., Day, V	(r.) 22b. TIME	OF INJURY 22c. F	PLACE OF	F INJURY-At home	e, farm, stre	et, factory,	office building	g, construc	tion site, etc.	(Specify)		
22d. INJURY AT WORK? 22a.	DESCRIBE HOW INJU	IRY OCCURRED										
221. LOCATION OF INJURY - STREE	T & NUMBER, APT. NO.	. сп	Y/TOWN					STATE		ZIP CO	DDE	
23a. DATE OF DEATH (Mo				E A Z	24a. DAT	E SIGNED	(Mo., Day, Yr.	)	24b. TIME O	F DEATH	m	
12-28-09 230. DATE SIGNED (Mo., Day, Yr.) 23c. TIME OF DEATH 12:33 An			4 m	PHYSICI PHYSICI ATTORIN	24c. PRONOUNCED DEAD (Mo., Day, Yr.) 24d. TIME PRONOUN					RONOUNCED DE		
23b. DATE SIGNED (Mo., 12 – 30).  23b. DATE SIGNED (Mo., 12 – 30).  23c. DATE SIGNED (Mo., 12 – 30).  23d. DATE SIGNED (Mo., 12 – 30).  23d. DATE SIGNED (Mo., 12 – 30).  23d. DATE SIGNED (Mo., 12 – 30).	ledge, death occurred	at the time, date and p		To be completed by CORONER's PHYSICIAN or COUNTY ATTORNEY ONLY	24e. On ti	he basis of time, date	examination a and place and	nd/or inves due to the	stigation, in my cause(s) stat	y opinion death o ed. (Signature ar	ccurred at	
25. DID TOBACCO USE CONTRIBUT	TO THE DEATH?	26a. HAS (	ORGAN O	R TISSUE DONA	TION BEEN	CONSIDE	ERED? 2	6b. WAS C	ONSENT GR	RANTED?		
YES NO PRO	BABLY 🎏 UNKN	OWN 🔲 YE	s	¥ио				Not Applic	able if 26a is	NO YES	<b>≯</b> NO	
		AN, CORONER'S PHY	SICIAN Õ	H COUNTY ATTOR	RNEY) (Type	or Print)	Papi	llin	n, Ni	E 681	246	
28a. REGISTRAR'S SIGNATURE	,, IN D	1.	<u> </u>	1/	- 0	<u></u>				STRAR (Mo., Day	y, Yr.)	
	DBABLY A UNKN CERTIFIER (PHYSICI SEY M D	AN, CORONER'S PHY	SICIAN OF	A. COO	RNEY) (Type te 5	or Print)	Papi	llibe	n, No	5 6 80 STRAR (Mo., Da	246 (.Yr.)	