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RETURN TO: Christina L. Ball, Esq.
Baylor Evnen, LLP
1248 "O" St., Suite 600
Lincoln, NE 68508
402.475.1075

TITLE OF DOCUMENT: CERTIFIED DEATH CERTIFICATE FOR DEEDS

- [ ] Transfer on Death Deed
- [x] Joint Tenancy
- [ ] Life Estate
- [ ] Other

DEED RECORDED:

Mary 18, 1984	Inst # 84-11584
Date	Recording Information

GRANTOR: Carl John Guenzel, III

GRANTEE: Deborah K. Rowe (formerly known as Deborah Kay Guenzel)

FULL & COMPLETE LEGAL DESCRIPTION:

Lot 6 in the Southeast Quarter (SE4) of Section Two (2), Township Eight (8), Range Six (6) East of the 6th Principal Meridian, Lancaster County, Nebraska

IT

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
3/28/2018
LINCOLN, NEBRASKA

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

18 03474

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

To be completed/verified by: FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last, Suffix): C John Guenzel III
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Yr.): March 15, 2018
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH: Lincoln, Nebraska
5a. AGE - Last Birthday (Yrs.): 85
5b. UNDER 1 YEAR: MOS.: DAYS:
5c. UNDER 1 DAY: HOURS: MINS.:
6. DATE OF BIRTH (Mo., Day, Yr.): March 20, 1952
7. SOCIAL SECURITY NUMBER: 508-56-6702
8a. PLACE OF DEATH: HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home/LTC [ ] Hospice Facility [ ] Decedent's Home [ ] Other (Specify)
8b. FACILITY NAME (If not institution, give street and number): Bryan Medical Center West
8c. CITY OR TOWN OF DEATH (Include Zip Code): Lincoln 68502
8d. COUNTY OF DEATH: Lancaster
9a. RESIDENCE-STATE: Nebraska
9b. COUNTY: Lancaster
9c. CITY OR TOWN: Lincoln
9d. STREET AND NUMBER: 4501 West High Ridge Pl
9e. APT. NO.:
9f. ZIP CODE: 68522
9g. INSIDE CITY LIMITS: [X] YES [ ] NO
10a. MARITAL STATUS AT TIME OF DEATH: [ ] Married [ ] Never Married [ ] Married, but separated [ ] Widowed [X] Divorced [ ] Unknown
10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name:
11. FATHER'S NAME (First, Middle, Last, Suffix): C John Guenzel
12. MOTHER'S NAME (First, Middle, Maiden Surname): Suzaine Burgess
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.): No
14a. INFORMANT NAME: C J Guenzel IV
14b. RELATIONSHIP TO DECEDENT: Son
15. METHOD OF DISPOSITION: [ ] Burial [ ] Donation [X] Cremation [ ] Entombment [ ] Removal [ ] Other (Specify)
15a. EMBALMER-SIGNATURE: Not Embalmed
15b. LICENSE NO.:
15c. DATE (Mo., Day, Yr.): March 17, 2018
16d. CEMETERY, CREMATORY OR OTHER LOCATION: Lincoln Cremation Service
CITY / TOWN: Lincoln
STATE: Nebraska
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State): Roper & Sons, Inc., 4300 O Street, Lincoln, Nebraska
17b. Zip Code: 68510

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)	IMMEDIATE CAUSE: a) Heart Disease	onset to death: 2 Days
Sequentially list conditions, if any, leading to the cause listed on line a.	DUE TO, OR AS A CONSEQUENCE OF: b) Rib Fractures	onset to death
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	DUE TO, OR AS A CONSEQUENCE OF: c) Chest Contusion	onset to death
	DUE TO, OR AS A CONSEQUENCE OF: d)	onset to death

19. PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not resulting in the underlying cause given in PART I.

19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? [ ] YES [X] NO

To be completed by: CERTIFIER

20. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year
21a. MANNER OF DEATH: [ ] Natural [ ] Homicide [X] Accident [ ] Pending Investigation [ ] Suicide [ ] Could not be determined
21b. IF TRANSPORTATION INJURY: [X] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)
21c. WAS AN AUTOPSY PERFORMED? [ ] YES [X] NO
21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? [ ] YES [ ] NO
22a. DATE OF INJURY (Mo., Day, Yr.): March 12, 2018
22b. TIME OF INJURY: 11:25 PM
22c. PLACE OF INJURY - At home, farm, street, factory, office building, construction site, etc. (Specify): Street
22d. INJURY AT WORK? [ ] YES [X] NO
22e. DESCRIBE HOW INJURY OCCURRED: The patient's vehicle left the road and struck a tree on the front divers side bumper.
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO.: 17th And Van Dorn, Lincoln
CITY/TOWN:
STATE: Nebraska
ZIP CODE: 68502

To be completed by MEDICAL CERTIFIER ONLY:
23a. DATE OF DEATH (Mo., Day, Yr.): March 15, 2018
23b. DATE SIGNED (Mo., Day, Yr.): March 16, 2018
23c. TIME OF DEATH: 11:22 AM
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): Stanley Okosun, MD

To be completed by CORONER/PHYSICIAN OF COUNTY ATTORNEY ONLY:
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):

25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? [ ] YES [X] NO [ ] PROBABLY [ ] UNKNOWN
26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? [X] YES [ ] NO
26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO [ ] YES [X] NO
27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Stanley Okosun, MD, 2300 S 16th Street, Lincoln, Nebraska, 68502
28a. REGISTRAR'S SIGNATURE
28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): March 16, 2018

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