

FILED SARPY CO. NE.  
 INSTRUMENT NUMBER  
2000-25598  
 2000 OCT 11 AM 9:16  
*Slowly J. H. H. H.*  
 REGISTER OF DEEDS

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 Verify SW  
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 Fee \$ 10.50  
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99748

RETURN TO: Mary L. Hewitt, Esq., MCGILL, GOTSCHNER, WORKMAN & LEPP, P.C., 11404 West Dodge Road, Suite 500, Omaha, NE 68154-2576  
 Space Above Reserved for Recording Information

STATE OF NEBRASKA — DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH **278216**

1 DECEDENT - NAME FIRST MIDDLE LAST <b>Anna Mae Scheef</b>			2 SEX <b>Female</b>	3 DATE OF DEATH (Month Day Year) <b>October 10, 1996</b>	
4 CITY AND STATE OF BIRTH (If not in U.S.A. name country) <b>Ralston, Nebraska</b>		5a AGE - Last Birthday (Yrs.) <b>77</b>	5b UNDER 1 YEAR 5b1 MOS 5b2 DAYS <b>77</b>	5c UNDER 1 DAY 5c1 HOURS 5c2 MINS <b>00 00</b>	6 DATE OF BIRTH (Month Day Year) <b>October 1, 1919</b>
7 SOCIAL SECURITY NUMBER <b>507-12-5251</b>		8a PLACE OF DEATH HOSPITAL <input checked="" type="checkbox"/> Inpatient OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> ER Outpatient <input type="checkbox"/> Residence <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify)			
8b FACILITY - Name (If not institution, give street and number) <b>Bergan Mercy Medical Center</b>		8c CITY TOWN OR LOCATION OF DEATH <b>Omaha</b>			
9a RESIDENCE - STATE <b>Nebraska</b>		9b COUNTY <b>Sarpy</b>	9c CITY TOWN OR LOCATION <b>Gretna</b>	9d STREET AND NUMBER (Including Zip Code) <b>21923 Schram Rd. 68028</b>	9e INSIDE CITY LIMITS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
10 RACE - (e.g. White, Black, American Indian, etc.) (Specify) <b>White</b>	11 ANCESTRY (e.g. Italian, Mexican, German, etc.) (Specify) <b>American</b>	12 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	13 NAME OF SPOUSE (If wife give maiden name) <b>Walter J. Scheef</b>		
14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		14b KIND OF BUSINESS INDUSTRY <b>Own Home</b>		15 EDUCATION (Specify only highest grade completed) <b>8th</b>	
16 FATHER - NAME FIRST MIDDLE LAST <b>Marinus T. Jensen</b>		17 MOTHER - NAME FIRST MIDDLE MAIDEN SURNAME <b>May - Wiese</b>		18 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes give war and dates of services) <b>NO</b>	
19a INFORMANT - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>21923 Schram Rd., Gretna, Nebraska 68028</b>		19b INFORMANT - NAME <b>Walter J. Scheef</b>			
20 EMBLEMS - SIGNATURE & LICENSE NO. <i>Paul Shamm</i> <b>2567</b>		21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation	21b DATE <b>Oct. 14, 1996</b>	21c CEMETERY OR CREMATORY NAME <b>Ashland Cemetery</b>	
22a FUNERAL HOME - NAME <b>Kahler-Dolce Mortuary</b>		22b FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>441 N. Washington Street, Papillion, Nebraska 68046-2231</b>			
23a PART I (a) IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF <b>Cardiopulmonary Arrest</b> <b>Ischemic Heart Disease</b>		23b INTERVAL BETWEEN ONSET AND DEATH			
24 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related		25 PART II IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		26 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 DATE OF INJURY (Mo. Day Yr.)		26c HOUR OF INJURY		26d DESCRIBE HOW INJURY OCCURRED	
26e INJURY AT WORK Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		26f PLACE OF INJURY - (If home, list room, street, factory, office building, etc.) (Specify)		26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	
27a DATE OF DEATH (Mo. Day Yr.) <b>10/10/96</b>		27b TIME OF DEATH <b>11:25 pm</b>		27c DATE SIGNED (Mo. Day Yr.)	
27d DATE SIGNED (Mo. Day Yr.) <b>10/16/96</b>		27e TIME OF DEATH <b>11:25 pm</b>		27f PRONOUNCED DEAD (Mo. Day Yr.)	
27g PRONOUNCED DEAD (Mo. Day Yr.)		27h PRONOUNCED DEAD (Hour)		28 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) <i>Timothy Fangman, M.D.</i>	
29 DID TOBACCO USE CONTRIBUTE TO THE DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>		30a HAD ORGAN OR TISSUE DONATION BEEN CONSIDERED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		30b WAS CONSENT GRANTED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
31 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) <b>Timothy Fangman, M.D.: 7710 Mercy Rd., Suite 426, Omaha, NE 68124</b>					
32a REGISTRAR <i>Daniel J. Hanting, M.P.H.</i>				32b DATE FILED BY REGISTRAR (Mo. Day Yr.) <b>OCT 21 1996</b>	

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This certifies this document to be a true copy of an original record on file with Vital Statistics, Douglas County Health Department, Omaha, Nebraska. Certified copies must have a raised seal in the area to the left. Reproductions of this green certificate are not legal copies.  
 Date issued: OCT 21 1996 Registrar: Daniel J. Hanting, M.P.H.

2000-25598A

Certificate of Death for Anna Mae Scheef with regard to the following described properties:

Tax Lot 2 of the Northeast Quarter (being all that part of said Northeast Quarter lying North and West of the right of way of the Chicago, Burlington & Quincy Railroad Company, formerly the Omaha and North Platte Railroad Company) and the East one-half of the Northwest Quarter (excepting therefrom the right of way of the Chicago, Burlington & Quincy Railroad Company, formerly the Omaha and North Platte Railroad Company) of Section Two, Township Thirteen North Range Ten, East of the 6<sup>th</sup> P.M., in Sarpy County, Nebraska.