



201702873

Carol Givens
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Register of Deeds
DODGE COUNTY, NE

201702873

Filed:

June 15, 2017 10:10:00 AM

Fee \$16.00

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS RECORDING INFORMATION

RETURN TO:

Thomas B. Thomsen, #14195
Attorney at Law
SIDNERLAW
340 E. Military Avenue, Suite 1
Fremont, NE 68025-5097

TITLE OF DOCUMENT:

CERTIFICATE OF DEATH of Donald Anton Paseka

LEGAL DESCRIPTION:

Lot 8, Block 7, Greenlawn 2nd Addition to the City of
Fremont, Dodge County, Nebraska.

The Northeast Quarter of the Northeast Quarter of
Section 3, Township 17, Range 6, Dodge County,
Nebraska.

The Northeast Quarter of the Northwest Quarter and
Tax Lots 1 and 2 of Section 2, Township 17, Range 6,
Dodge County, Nebraska.

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

MAY 18 2006
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT

CERTIFICATE OF DEATH

06 25417

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Donald Anton Paseka				2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) May 7, 2006		
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Prague, Nebraska		5a. AGE-Last Birthday (Yrs.) 74	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.		6. DATE OF BIRTH (Mo., Day, Yr.) January 15, 1932		
7. SOCIAL SECURITY NUMBER 507-30-4606			8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
8b. FACILITY-NAME (If not institution, give street and number) Fremont Area Medical Center				8c. CITY OR TOWN OF DEATH (Include Zip Code) Fremont, 68025				
8d. COUNTY OF DEATH Dodge				9a. RESIDENCE-STATE Nebraska		9b. COUNTY Dodge		
9c. CITY OR TOWN Fremont		9d. STREET AND NUMBER 2033 Pearl St.		9e. APT. NO. --		9f. ZIP CODE 68025-	9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name. Mildred L. Larsen					
11. FATHER'S NAME (First, Middle, Last, Suffix) Anton Paseka			12. MOTHER'S NAME (First, Middle, Maiden Surname) Agnes Vhyldal					
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) No			14a. INFORMANT-NAME Mildred Paseka			14b. RELATIONSHIP TO DECEDENT Wife		
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER SIGNATURE <i>John Hudspeth</i>		16b. LICENSE NO. 1229		16c. DATE (Mo., Day, Yr.) May 11, 2006		
16d. CEMETERY, CREMATORY OR OTHER LOCATION Memorial Cemetery		CITY/TOWN Fremont		STATE Nebraska				
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Ludvigsen Mortuary 1249 E. 23rd Street, Fremont, Nebraska						17b. Zip Code 68025-2451		
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. IMMEDIATE CAUSE: IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Unspecified natural causes DUE TO, OR AS A CONSEQUENCE OF: Sequentially list conditions, if any, leading to the cause listed on line a. (b) DUE TO, OR AS A CONSEQUENCE OF: Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) (c) DUE TO, OR AS A CONSEQUENCE OF: LAST (d)						APPROXIMATE INTERVAL onset to death Immediate onset to death onset to death 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.						19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> YES <input 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	
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY m	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.) May 7, 2006		23b. DATE SIGNED (Mo., Day, Yr.) May 10, 2006		23c. TIME OF DEATH 5:15 a. m		24a. DATE SIGNED (Mo., Day, Yr.) May 10, 2006		
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) <i>Paul J. Vaughan</i>		23e. TIME OF DEATH 6:03 a. m		24c. PRONOUNCED DEAD (Mo., Day, Yr.) May 7, 2006		24d. TIME PRONOUNCED DEAD 6:03 a. m		
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) <i>Paul J. Vaughan Dodge Co Atty</i>		24f. DATE SIGNED (Mo., Day, Yr.)						
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input checked="" 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 (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Paul J. Vaughan, Dodge County Attorney, 435 North Park, Fremont, NE 68025								
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) MAY 15 2006				

To Be Completed/Verified by FUNERAL DIRECTOR

To Be Completed by CERTIFIER

To be completed by ATTENDING PHYSICIAN ONLY

To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY