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FILED SARPY COUNTY NEBRASKA
INSTRUMENT NUMBER

2014-20733

09/17/2014 11 16 05 AM

Lloyd J. Dowding

REGISTER OF DEEDS



lots 1, 2 & 4 Neitzels Corner, Sarpy County, Nebraska.



**THIS PAGE ADDED
FOR RECORDING
INFORMATION.**

**DOCUMENT STARTS ON
NEXT PAGE.**

LLOYD J. DOWDING

SARPY COUNTY REGISTER OF DEEDS

Steven J. Stastny, Deputy

1210 GOLDEN GATE DRIVE, # 1230

PAPILLION, NE 68046-2842

402-593-5773

*RLL
Joyce Neitzel
P.O. BOX 191
Springfield, Ne
68059*

STATE OF NEBRASKA

2014-20733A

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

OCT 05 2009
LINCOLN, NEBRASKA

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

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

CERTIFICATE OF DEATH

09 28606

1 DECEDENT'S NAME (First, Middle, Last, Suffix) Rose Marie Neitzel				2 SEX Female		3 DATE OF DEATH (Mo., Day, Yr) September 10, 2009	
4 CITY AND STATE OR TERRITORY OR FOREIGN COUNTRY OF BIRTH Omaha, Nebraska			5a AGE Last Birthday (Yrs) 79	5b UNDER 1 YEAR MOS DAYS	5c UNDER 1 DAY HOURS MINS	6 DATE OF BIRTH (Mo., Day, Yr) May 2, 1930	
7 SOCIAL SECURITY NUMBER [REDACTED]			8a PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> COA <input type="checkbox"/> Other (Specify) _____				
8b FACILITY-NAME (If not institution give street and number) 250 North 7th Street			8c CITY OR TOWN OF DEATH (Include Zip Code) Springfield				
9a RESIDENCE STATE Nebraska			9b COUNTY Saryp		9c CITY OR TOWN Springfield		
9d STREET AND NUMBER 250 North 7th Street			9e APT NO	9f ZIP CODE 68059		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 Donald Neitzel				
11 FATHER'S NAME (First, Middle, Last, Suffix) Carl - Gottsch			12 MOTHER'S NAME (First, Middle, Maiden Surname) Jessie - Critchfield				
13 EVER IN U.S. ARMED FORCES? Give dates of service if yes (Yes, no, or unk) No			14a INFORMANT NAME Donald Neitzel		14b RELATIONSHIP TO DECEDENT Husband		
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>Boyd R. Brauman</i>		16b LICENSE NO 1125		16c DATE (Mo, Day, Yr) September 14, 2009	
		16d CEMETERY, CREMATORY OR OTHER LOCATION Springfield Cemetery			CITY/TOWN Springfield		STATE Nebraska
17a FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Kahler-Dolce Mortuary 441 North Washington Street Papillion NE						17b Zip Code 68046-2231	
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 (a) <i>Cerebrovascular Accident</i>						onset to death <i>immediate</i>	
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO, OR AS A CONSEQUENCE OF						onset to death	
Sequentially list conditions, if any, leading to the cause listed on line a (b) DUE TO OR AS A CONSEQUENCE OF						onset to death	
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) (c) DUE TO OR AS A CONSEQUENCE OF						onset to death	
LAST (d)							
18 PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not resulting in the underlying cause given in PART I <i>Atrial Fibrillation</i>						19 WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20 IF FEMALE <input checked="" 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	
						21d WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input 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) <i>September 10, 2009</i>		23b DATE SIGNED (Mo, Day, Yr) <i>September 15, 2009</i>		23c TIME OF DEATH <i>8:14 a.m.</i>		24a DATE SIGNED (Mo., Day, Yr)	
						24b TIME OF DEATH m	
						24c PRONOUNCED DEAD (Mo., Day, Yr)	
						24d TIME PRONOUNCED DEAD 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>Fredrick G. Schwartz M.D.</i>							
25 DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN			26a HAD 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 checked="" type="checkbox"/> NO	
27 NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) <i>Fredrick G. Schwartz, 1109 S 84th St, Papillion, NE 68046</i>							
28a REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>						28b DATE FILED BY REGISTRAR (Mo, Day, Yr) OCT 1 2009	