

Pages 2 Doc Tax \$ _____ EX # 17

Fee Amt \$ 16.00 Ck Pd \$ 16.00

Cash PD \$ _____ Refund \$ _____

Paid by #276 KALKWARF Ck # 9066

_____ Ck # _____

CUSTOMER CHG CODE _____

RETURN TO #276 KALKWARF & SMITH

P O BOX 905

WILBER NE 68465-0905

State of Nebraska Gage County ss. Entered in
Numerical Index and filed for record the
_____ 5th _____ day of _____ May _____, 2014
at 8:30 _____ o'clock _____ A. M., and recorded as
INSTRUMENT NO **2014- 1252**

2014- 1252

2-6-5

Ruth E. Niemi
Register of Deeds

By _____ Deputy

TRACT INDEX
COMPUTER _____
CORRECTED _____
PAGED _____

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

Please return filed Documents to: **Bradley T. Kalkwarf**
Attorney At Law
P.O. Box 905
Wilber, Ne 68465-0905

**NEBRASKA DOCUMENTARY
STAMP TAX**
Date 5-5-2014
\$ EXEMPT-17 By RS

TITLE OF DOCUMENT: CERTIFIED DEATH CERTIFICATE FOR DEEDS

Transfer on Death Life Estate Joint Tenancy Other

DEED RECORDING DATE: October 14, 1977

DEED RECORDING INFORMATION: BOOK 55 PAGE 831

GRANTOR: Dorothy M. Gerlach

GRANTEE: Robert L. Gerlach

FULL AND COMPLETE LEGAL DESCRIPTIONS:
West Half of the Northwest Quarter (W $\frac{1}{2}$ NW $\frac{1}{4}$) and Northwest Quarter of the Southwest
Quarter (NW $\frac{1}{4}$ SW $\frac{1}{4}$) of Section Two (2), Township Six (6) North, Range Five (5), East
of the 6th P.M., Gage County, NE

2014- 1252

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
APR 30 1986
 LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER, DIRECTOR
 BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. DECEDENT - NAME FIRST MIDDLE LAST Dorothy Margaretha Gerlach			2. SEX Female	3. DATE OF DEATH (Mo., Day, Yr.) April 16th, 1986	
4. RACE - (e.g., White, Black, American Indian, etc.) (Specify) White		5. ORIGIN/DESCENT (e.g., Italian, Mexican, German, etc.) (Specify) German	6a. AGE - Last Birthday (Yrs.) 74	6b. UNDER 1 YEAR MOS. DAYS HOURS MINS.	6c. DATE OF BIRTH (Mo., Day, Yr.) January 4, 1912
8. CITY AND STATE OF BIRTH (If not in U.S.A., name country) Clatonia Nebraska		9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		11. NAME OF SPOUSE (If wife, give maiden name)
12. SOCIAL SECURITY NUMBER 12507-78-7386		13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		13b. KIND OF BUSINESS OR INDUSTRY Own Home	14a. COUNTY OF DEATH Lancaster
14b. CITY, TOWN OR LOCATION OF DEATH Lincoln		14c. INSIDE CITY LIMITS (Specify Yes or No) Yes	14d. HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) Madonna Professional Care Center		14e. IF MOSP. OR INST. Indicate DOA, Outpatient/Emer. Rm., Inpatient (Specify) Inpatient
15a. RESIDENCE - STATE Nebraska	15b. COUNTY Lancaster	15c. CITY, TOWN OR LOCATION Hallam		15d. STREET AND NUMBER Box 185	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER - NAME FIRST MIDDLE LAST Johann Sagehorn			17. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Dora Ehlers		
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war and dates of service) NO		19. INFORMANT - NAME - RELATIONSHIP - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) ROBERT GERLACH - SON - Hallam, Nebraska			
20a. BURIAL BURYAL		20b. DATE April 19, 1986	20c. CEMETERY OR CREMATORY - NAME Lincoln Memorial Park		20d. LOCATION CITY OR TOWN STATE Lincoln, Nebraska
21. EMBALMED - SIGNATURE & LICENSE NO. <i>[Signature]</i> 2456		22. FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Lincoln Memorial Funeral Home 6800 S. 14th St. P.O. BOX 2406, Lincoln, Nebraska 68502-0406			
23a. DATE OF DEATH (Mo., Day, Yr.) 4/16/86		23b. DATE SIGNED (Mo., Day, Yr.) 4/23/86		23c. HOUR OF DEATH 10:00 P. M.	24a. DATE SIGNED (Mo., Day, Yr.)
23d. (Signature and Title) <i>[Signature]</i>		24b. HOUR OF DEATH M		24c. PRONOUNCED DEAD (Mo., Day, Yr.)	
23e. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		23f. To be Completed by CORONER'S PHYSICIAN, COUNTY ATTORNEY only		24d. PRONOUNCED DEAD (Hour) 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.		24f. (Signature and Title) <i>[Signature]</i>			
25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) S. C. Sorensen, M.D., 2121 S. 56th St., Lincoln, NE 68506					
26a. (Signature) <i>[Signature]</i>				26b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 30 1986	
27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Metastatic squamous cell cancer - UNKNOWN ORIGIN DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:					
28. PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to the immediate cause PART III. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input type="checkbox"/> No <input type="checkbox"/> 29. AUTOPSY (Specify Yes or No) No WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) No					
30a. ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify)		30b. DATE OF INJURY (Mo., Day, Yr.)	30c. HOUR OF INJURY M	30d. DESCRIBE HOW INJURY OCCURRED	
30e. INJURY AT WORK (Specify Yes or No)		30f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		30g. LOCATION	30h. STREET OR R.F.D. NO. CITY OR TOWN STATE

2014-1252