

DEED OF DISTRIBUTION  
BY  
PERSONAL REPRESENTATIVE

NEBRASKA DOCUMENTARY STAMP TAX	
Date <u>Sept. 26, 1995</u>	By <u>Ann V.</u>
\$ <u>61.15</u>	

Evelyn G. Branzovsky, Personal Representative of the Estate of Elmer Branzovsky, Deceased, GRANTOR, conveys and releases to Evelyn G. Branzovsky and Elmer J. Branzovsky, GRANTEES, the following-described real estate (as defined in Neb. Rev. Stat. 76-201):

The Northwest Quarter (NW¼), Section Eighteen (18), Township Six (6) North, Range Three (3) East of the 6th P.M., Saline County, Nebraska.

The South Half (S½) of the Southeast Quarter (SE¼), Section Twenty-Four (24), Township Six (6) North, Range Two (2) East of the 6th P.M., Saline County, Nebraska.

GRANTOR has determined that the GRANTEE is the person entitled to distribution of the real estate from said estate. GRANTOR covenants with GRANTEE that GRANTOR has legal power and lawful authority to convey and release the same.

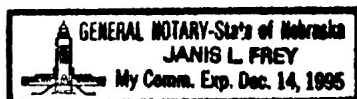
Executed July 24, 1995.

ESTATE OF ELMER BRANZOVSKY,  
Deceased,

By Evelyn G. Branzovsky  
EVELYN G. BRANZOVSKY  
Personal Representative

STATE OF NEBRASKA; COUNTY OF SALINE:

The foregoing instrument was acknowledged before me on July 24, 1995, by Evelyn G. Branzovsky, Personal Representative of the Estate of Elmer Branzovsky, Deceased.



Janis L. Frey  
Notary Public  
Comm. expires 12-14-95

STATE OF NEBRASKA }  
SALINE COUNTY } ss

Entered in numerical index and filed  
for record, the 26 day of September  
19 95 at 4:50 o'clock P. M. and record-  
ed in Book 265 of Records Page 162

Norma B. Bepko  
Deputy County Clerk

From and Return to:  
William J. Panec, Atty.  
1140 Main Street  
Crete, NE 68333  
Fee: \$6.00 paid

149  
DK

3#10  
DK

STATE OF NEBRASKA } ss  
SALINE COUNTY

Entered in numerical index and filed  
for record, the 26 day of September  
19 95 at 4:50 o'clock P.M. and record-  
ed in Book 265 of Records Page 163

*Norma K. [Signature]*  
Deputy County Clerk

From, Chg. and Return to:  
William J Panec, Atty.  
1140 Main Street  
Crete, NE 68333  
Fee: \$6.00 Chg.

QUITCLAIM DEED

NEBRASKA DOCUMENTARY	
STAMP TAX	
Date	<u>Sept. 26, 1995</u>
\$	<u>Ex(5)</u> By <u>AMW.</u>

**ELMER J. BRANZOVSKY**, GRANTOR, in consideration of One Dollar (\$1.00) and other valuable consideration received from GRANTEE, **EVELYN G. BRANZOVSKY**, quitclaims to GRANTEE the following-described real property (as defined in Neb. Rev. Stat. 76-201):

The Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>), Section Eighteen (18), Township Six (6) North, Range Three (3) East of the 6th P.M., Saline County, Nebraska.

The South Half (S<sup>1</sup>/<sub>2</sub>) of the Southeast Quarter (SE<sup>1</sup>/<sub>4</sub>), Section Twenty-Four (24), Township Six (6) North, Range Two (2) East of the 6th P.M., Saline County, Nebraska.

Executed September 23, 1995.

*Elmer J. Branzovsky*  
ELMER J. BRANZOVSKY

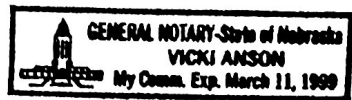
ACKNOWLEDGMENT

STATE OF NEBRASKA; COUNTY OF Dodge:

The foregoing quitclaim deed was acknowledged before me by **ELMER J. BRANZOVSKY**, on September 23, 1995.

*Vicki Anson*  
Notary Public  
Comm. expires March 11, 1999

0:REALPROP\ALL\DEEDS\QUITCLAIM\BRANZ.QC



#11  
DK

STATE OF NEBRASKA } ss  
SALINE COUNTY }

Entered in numerical index and filed  
for record, the 26 day of September  
1995 at 4:50 o'clock P.M. and record-  
ed in Book 265 of Records Page 164

*Norma K. [Signature]*  
Deputy County Clerk

From, Chg. and Return to:  
William J. Panec, Atty.  
1140 Main Street  
Crete, NE 68333  
Fee: \$6.00 Chg.

NEBRASKA DOCUMENTARY STAMP TAX	
Date	<u>Sept. 26, 1995</u>
\$	<u>6.00</u> By <u>SMU</u>

### LIFE ESTATE WARRANTY DEED

EVELYN G. BRANZOVSKY, GRANTOR, in consideration of One Dollar (\$1.00) and other valuable consideration received from GRANTEE, conveys to GRANTEE, EVELYN G. BRANZOVSKY, and her assigns for and during the natural life of EVELYN G. BRANZOVSKY, and upon her death, then the fee simple title to ELMER J. BRANZOVSKY, to the following-described real property (as defined in Neb. Rev. Stat. 76-201):

The Northwest Quarter (NW¼), Section Eighteen (18), Township Six (6) North, Range Three (3) East of the 6th P.M., Saline County, Nebraska.

The South Half (S½) of the Southeast Quarter (SE¼), Section Twenty-Four (24), Township Six (6) North, Range Two (2) East of the 6th P.M., Saline County, Nebraska.

SUBJECT to the Grantor's conveyance hereby expressly made to EVELYN G. BRANZOVSKY, and her assigns, of the full benefit and use of the above-described premises and the rents, issues and profits thereof, for and during the natural life of EVELYN G. BRANZOVSKY.

GRANTOR covenants with GRANTEE that GRANTOR:

1. is lawfully seised of such real property and that it is free from encumbrances;
2. has legal power and lawful authority to convey the same; and,
3. warrants and will defend the title to the real property against all lawful claims of all persons.

Executed September 14, 1995.

*Evelyn G. Branzovsky*  
EVELYN G. BRANZOVSKY

STATE OF NEBRASKA; County of Saline:

The foregoing instrument was acknowledged before me by EVELYN G. BRANZOVSKY, Grantor, on September 14, 1995.



*Janis L. Frey*  
Notary Public  
Comm. expires 12-14-95

No.	Can.	Num.	Page	
#14	✓	✓	✓	
dk	Register of Deeds			

Fee: \$ 11.00 Chg.

From, Chg. and  
Please record and return to:  
Matthew Hanson  
1331 Main  
Crete, NE 68333

2012 00683

STATE OF NEBRASKA } ss  
SALINE COUNTY

Entered in numerical index and filed on  
record, the 18 day of April

2012 at 3:18 o'clock P. M. and recorded  
in Book 72 of Misc. Page 521-522

*Lydia H. Stanch*  
County Clerk

The Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>) of Section Eighteen (18), Township Six (6) North, Range Three (3),  
East of the 6<sup>th</sup> P.M., Saline County, Nebraska; and

The South Half (S<sup>1</sup>/<sub>2</sub>) of the Southeast Quarter (SE<sup>1</sup>/<sub>4</sub>) of Section Twenty-Four (24), Township Six  
(6) North, Range Two (2), East of the 6<sup>th</sup> P.M., Saline County, Nebraska.

## STATE OF NEBRASKA

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

03/22/2012

LINCOLN, NEBRASKA

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

12 22044

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Evelyn G Branzovsky		2. SEX Female	3. DATE OF DEATH (Mo., Day, Yr.) March 3, 2012		
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Saline County, Nebraska		5a. AGE-Last Birthday (Yrs.) 93	5b. UNDER 1 YEAR MOs. DAYS HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) June 1, 1918	
7. SOCIAL SECURITY NUMBER 505 48 4407		8c. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home/ICU <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify) _____			
8b. FACILITY NAME (If not institution, give street and number) NYE Legacy		8d. COUNTY OF DEATH Dodge			
9a. CITY OR TOWN OF DEATH (Include Zip Code) Fremont 68025		9b. RESIDENCE STATE Nebraska		9c. COUNTY Dodge	9d. CITY OR TOWN Fremont
10a. STREET AND NUMBER 3210 North Clarkson Street		9e. APT. NO.	9f. ZIP CODE 68025	9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
10b. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10c. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name.			
11. FATHER'S NAME (First, Middle, Last, Suffix) George F Kasl Sr.		12. MOTHER'S NAME (First, Middle, Maiden Surname) Emma Rezabek		13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, No, or unknown) NO	
14a. INFORMANT NAME Elmer Branzovsky		14b. RELATIONSHIP TO DECEDENT SON			
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. SIGNATURE <i>Elmer Branzovsky</i>		16b. LICENSE NO. 1336	
16c. CEMETERY, CREMATORY OR OTHER LOCATION Wilber Czech Cemetery		16d. CITY/TOWN Wilber		16e. STATE Nebraska	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Kuncel Funeral Home 607 W 3rd PO Box 742 Wilber, Nebraska		17b. Zip Code 68465			

18. PART I. Cause of death - 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 onset to death	
IMMEDIATE CAUSE: (a) Failure to Thrive		onset to death	
DUE TO, OR AS A CONSEQUENCE OF:		onset to death	
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO THE CAUSE LISTED ON LINE a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		onset to death	
(b) Dementia - alzheimer's type		onset to death	
DUE TO, OR AS A CONSEQUENCE OF:		onset to death	
(c)		onset to death	
(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? <input type="checkbox"/> YES <input checked="" 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 checked="" 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.) 3-3-12		23b. DATE SIGNED (Mo., Day, Yr.)	
23c. DATE SIGNED (Mo., Day, Yr.) 3-8-12		23d. TIME OF DEATH 3:30 p.m.	
23e. 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>Thomas A. Wolf MD</i>		23f. 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>Stanley S. Cooper</i>	
24. DO TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> UNKNOWN		24a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24b. WAS CONSENT GRANTED? Not Applicable if 24a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
25. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Thomas A. Wolf MD 350 W 23rd St Ste A Fremont NE 68025			
26a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>		26b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) MAR 10 2012	

2012-00880

No.	Gen.	Num.	Paged	
#6	✓	✓	✓	
1k				Register of Deeds

From Chg & Return to:

Record and Return to:

Matthew Hanson

1331 Main

Crete, NE 68333

Fee: \$6.00 charge

STATE OF NEBRASKA } ss  
SALINE COUNTY

Entered in numerical index and filed on  
record, the 11 day of May  
2012 at 9:41 o'clock A. M. and recorded  
in Book 389 of Records Page 130

Zinda Krstanc  
County Clerk

### JOINT TENANCY WARRANTY DEED

Elmer J. Branzovsky and Charlotte M. Branzovsky, Husband and Wife, GRANTOR, in consideration of One Dollar (\$1.00) and other good and valuable consideration received from GRANTEES, Elmer J. Branzovsky and Charlotte M. Branzovsky, Husband and Wife, conveys to GRANTEES, as joint tenants and not as tenants in common, the following described real estate (as defined in Neb. Rev. Stat. 76-201):

The Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>) of Section Eighteen (18), Township Six (6) North, Range Three (3), East of the 6<sup>th</sup> P.M., Saline County, Nebraska; and

The South Half (S<sup>1</sup>/<sub>2</sub>) of the Southeast Quarter (SE<sup>1</sup>/<sub>4</sub>) of Section Twenty-Four (24), Township Six (6) North, Range Two (2), East of the 6<sup>th</sup> P.M., Saline County, Nebraska.

GRANTOR covenants (jointly and severally, if more than one) with GRANTEES that GRANTOR:

(1) is lawfully seised of such real estate and that it is free from encumbrances except lawful and valid restrictions of record and except for lawful and valid easements whether of record or not;

(2) has legal power and lawful authority to convey the same;

(3) warrants and will defend title to the real estate against the lawful claims of all persons.

Executed: May 9<sup>th</sup>, 2012.

#### NEBRASKA DOCUMENTARY STAMP TAX

Date 5-11-2012

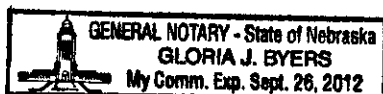
\$ EX(5) By 1k

Elmer J. Branzovsky  
Elmer J. Branzovsky

Charlotte M. Branzovsky  
Charlotte M. Branzovsky

STATE OF NEBRASKA )  
 ) ss.  
COUNTY OF Dodge )

The foregoing instrument was acknowledged before me on May 9<sup>th</sup>, 2012, by Elmer J. Branzovsky and Charlotte M. Branzovsky, Husband and Wife.



Gloria J. Byers  
Notary Public  
my commission expires 9/26/12

No.	Gen.	Num	Paged	
#1	✓	✓	✓	
dk Register of Deeds				

From, Chg. and Return to:  
Hanson, Hroch & Kuntz  
1331 Main Street  
Crete, NE 68333  
Fee: \$ 16.00 Chg.

2016 01362

STATE OF NEBRASKA } ss  
SALINE COUNTY

Entered in numerical index and filed on  
record, the 23 day of August  
20 16 at 8:45'clock A.M. and recorded  
in Book 77 of Misc. Page 323-324

Larry Barker  
County Clerk

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

Please return filed Documents to:

Matthew Hanson  
1331 Main  
Crete, NE 68333

TITLE OF DOCUMENT: CERTIFIED DEATH CERTIFICATE FOR DEEDS

( ) Transfer on Death ( ) Life Estate ( X ) Joint Tenancy ( ) Other

DEED RECORDING DATE: May 11, 2012

DEED RECORDING INFORMATION: BOOK 389 PAGE 130

GRANTOR: Elmer J. Branzovsky and Charlotte M. Branzovsky

GRANTEE: Charlotte M. Branzovsky

FULL AND COMPLETE LEGAL DESCRIPTIONS:

1. The Northwest Quarter (NW<sup>1</sup>/<sub>4</sub>) of Section Eighteen (18), Township Six (6) North, Range Three (3), East of the 6<sup>th</sup> P.M., Saline County, Nebraska.
2. The South Half (S<sup>1</sup>/<sub>2</sub>) of the Southeast Quarter (SE<sup>1</sup>/<sub>4</sub>) of Section Twenty-Four (24), Township Six (6) North, Range Two (2), East of the 6<sup>th</sup> P.M., Saline County, Nebraska.

## 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

8/8/2016

LINCOLN, NEBRASKA

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

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATE OF DEATH

16 04644

To be completed/verified by: FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last, Suffix) Elmer Joseph Branzovsky			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) July 28, 2016				
	4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Friend, Nebraska		5a. AGE - Last Birthday (Yrs.) 74		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.		6. DATE OF BIRTH (Mo., Day, Yr.) July 21, 1942			
	7. SOCIAL SECURITY NUMBER 508-54-0454			8a. PLACE OF DEATH HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" 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) Nye Legacy Health & Rehabilitation Center			8c. CITY OR TOWN OF DEATH (Include Zip Code) Fremont 68025						
	9a. RESIDENCE-STATE Nebraska			9b. COUNTY Dodge		9c. CITY OR TOWN Fremont				
	9d. STREET AND NUMBER 4820 North Ridge Road			9e. APT. NO.		9f. ZIP CODE 68025		9g. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" 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 Charlotte McMahan						
	11. FATHER'S NAME (First, Middle, Last, Suffix) Elmer Branzovsky			12. MOTHER'S NAME (First, Middle, Maiden Surname) Evelyn Kasl						
	13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) Yes 10/15/1961-08/05/1962			14a. INFORMANT NAME Charlotte Branzovsky			14b. RELATIONSHIP TO DECEDENT Spouse			
	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 Brett Welding		16b. LICENSE NO. 1463		16c. DATE (Mo., Day, Yr.) August 2, 2016		
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Moser Memorial Chapel, 2170 N. Somers Ave., PO Box 436, Fremont, Nebraska			17b. Zip Code 68025							
To be completed by: CERTIFIER	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) a) Metastatic Pancreatic Cancer (Small Cell Neuroendocrine Carcinoma)						onset to death 3 Weeks			
	DUE TO, OR AS A CONSEQUENCE OF: b)						onset to death			
	DUE TO, OR AS A CONSEQUENCE OF: c)						onset to death			
	DUE TO, OR AS A CONSEQUENCE OF: d)						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 type="checkbox"/> YES <input checked="" 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		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										
To be completed by: MEDICAL CERTIFIER ONLY	23a. DATE OF DEATH (Mo., Day, Yr.) July 28, 2016			23b. DATE SIGNED (Mo., Day, Yr.) August 4, 2016		23c. TIME OF DEATH 08:30 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) Matthew Beacom, MD		
	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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input 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 (Type or Print) Matthew Beacom, MD, 1625 E Military Ave, Fremont, Nebraska, 68025										
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>						28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) August 5, 2016				

0030431