

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 (NW¹/₄) of Section Eighteen (18), Township Six (6) North, Range Three (3), East of the 6th P.M., Saline County, Nebraska.
2. The South Half (S¹/₂) of the Southeast Quarter (SE¹/₄) of Section Twenty-Four (24), Township Six (6) North, Range Two (2), East of the 6th 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.	
	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"/> 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	
	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			16d. CEMETERY, CREMATORY OR OTHER LOCATION Wilber Czech Cemetery				
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				
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 (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							
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							
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.) 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							

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