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Lancaster County, NE Assessor/Register of Deeds Office AFDECE

Pages: 3

AFFIDAVIT OF MARITAL STATUS

STATE OF NEBRASKA)
) ss.
COUNTY OF DOUGLAS)

Affiant, Patricia L. Quattrocchi, after being duly sworn upon oath, does depose and state as follows:


1. That Affiant is the surviving spouse of Joseph L. Quattrocchi ("Decedent"), who departed this life on March 26, 2014.
2. That on the date of death, the Affiant and Decedent were the sole owners as joint tenants with rights of survivorship of the real estate described on Exhibit "A" attached hereto and incorporated herein by this reference, all of such real estate being located in Lancaster County, Nebraska.
3. That a certified copy of Decedent's death certificate is attached hereto as Exhibit "B" and by this reference incorporated herein.
4. That by virtue of the survivorship of Affiant, Affiant became the sole owner of the above-described property.
5. That there is no Nebraska Inheritance Tax lien by reason of Nebraska Revised Statutes § 77-2003 (Reissue 2009).
6. That the gross estate of Decedent did not exceed that amount exempt from federal estate taxes.

FURTHER AFFIANT SAYETH NOT.

Dated this 2nd day of October, 2014.


Patricia L. Quattrocchi

SUBSCRIBED AND SWORN to before me on October 2nd, 2014.


Notary Public

NCLE Form 535

After recording, return to:
Douglas D. Murray, Esq.
1700 Farnam St., Suite 1500
Omaha, Nebraska 68102-2068
DOCS/1300005.2



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EXHIBIT A

Lot 7, Block 6, Hartland Homes West 2nd Addition, Lincoln, Lancaster County, Nebraska

and

Lot 6, Block 1, Fallbrook 1st Addition, Lincoln, Lancaster County, Nebraska

and

Lots 2 and 3, Block 9, Woods Bros. Lakeview Acres, Lincoln, Lancaster County, Nebraska

and

Lots 4, 5, 6 and 7, and the South 95.5 feet of Lot 8, all in Block 9, Woods Bros. Lakeview Acres, Lincoln, Lancaster County, Nebraska, except that portion of Lots 5 and 6 thereof deeded to the State of Nebraska

and

The North 25.5 feet of Lot 8 and all of Lot 9, all in Block 9, Woods Bros. Lakeview Acres, Lincoln, Lancaster 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

04/03/2014

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
CERTIFICATE OF DEATH

14 01540

To be completed/verified by: FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last, Suffix) Joseph L. Quattrocchi				2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) March 26, 2014		
	4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Lincoln, Nebraska		5a. AGE - Last Birthday (Yrs.) 77		5b. UNDER 1 YEAR MOS. DAYS		5c. UNDER 1 DAY HOURS MINS.		
	7. SOCIAL SECURITY NUMBER		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 type="checkbox"/> Decedent's Home <input type="checkbox"/> DOA <input checked="" type="checkbox"/> Other (Specify) ASSISTED LIVING						
	8b. FACILITY NAME (If not institution, give street and number) High Plains Alzheimer's Special Care Center		8d. COUNTY OF DEATH Lancaster						
	9c. CITY OR TOWN OF DEATH (Include Zip Code) Lincoln 68516				9d. COUNTY OF DEATH Lancaster				
	9a. RESIDENCE-STATE Nebraska		9b. COUNTY Lancaster		9c. CITY OR TOWN Lincoln		9d. ZIP CODE 68521		
	9e. STREET AND NUMBER 6511 Saltgrass Rd		9f. APT. NO.		9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9h. ZIP CODE 68521		
	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 Patricia L. Bebout				
	11. FATHER'S NAME (First, Middle, Last, Suffix) Giuseppe Quattrocchi				12. MOTHER'S NAME (First, Middle, Maiden Surname) Elvira Ferraro				
	13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No				14a. INFORMANT NAME Patricia L. Quattrocchi				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 Andy L. Elliott		16b. LICENSE NO. 1391		16c. DATE (Mo., Day, Yr.) March 31, 2014			
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Buthrus-Maser & Love Mortuary, 4040 A Street, Lincoln, Nebraska						17b. Zip Code 68510			
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) Alzheimers Dementia						onset to death > 1 Year			
DUE TO, OR AS A CONSEQUENCE OF: b) Hypothyroidism						onset to death > 1 Year			
DUE TO, OR AS A CONSEQUENCE OF: c) Hypertension						onset to death > 1 Year			
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 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		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.) March 26, 2014				24a. DATE SIGNED (Mo., Day, Yr.)		24b. TIME OF DEATH		
	23b. DATE SIGNED (Mo., Day, Yr.) March 29, 2014				23c. TIME OF DEATH 11:12 PM		24c. PRONOUNCED DEAD (Mo., Day, Yr.)		
	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) Bob J. Bleicher, MD				24d. TIME PRONOUNCED DEAD				
	25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> UNKNOWN				26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input checked="" type="checkbox"/> YES <input 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 (Type or Print) Bob J. Bleicher, MD, 3883 Normal Blvd., Ste. 108, Lincoln, Nebraska, 68506									
28a. REGISTRAR'S SIGNATURE <i>Judith A. Heston</i>						28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) April 1, 2014			