

No.	Gen.	Num.	Paged	RCD
#4	✓	✓	✓	✓
dk Register of Deeds				

STATE OF NEBRASKA } ss  
SALINE COUNTY

Index No. 2018 00026

Entered in numerical index and filed on record, the 5 day of January 2018 at 1:30 o'clock PM. and recorded in Book 78 of Misc. Page 580-582

Debra J. Rischling  
County Clerk

Fee: \$ 22.00 paid (check)

SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

From and  
Please return filed Documents to: Bradley T. Kalkwarf, Attorney, P.O. Box 905, Wilber, NE 68465-0905

TITLE OF DOCUMENT: CERTIFIED DEATH CERTIFICATE FOR DEEDS

Transfer on Death     Life Estate     Joint Tenancy     Other

DEED RECORDING DATE: December 20, 2011

DEED RECORDING INFORMATION: BOOK 386 PAGE 109-110

GRANTOR: James E. Rischling

GRANTEE: Debra J. Rischling, Kelly L. Mohlman & Richie A. Rischling

FULL AND COMPLETE LEGAL DESCRIPTIONS:

(See attached)

581

Lots 1, 2, 3, 4 & 5, Block 6, Village of Western, Saline County, Nebraska;

Lots 6, 7, 8 & 9, Block 6, Village of Western, Saline County, Nebraska;

West Half of Lots 10 11 & 12, Block 6, Village of Western, Saline County, Nebraska;

Lots 2, 3 & 4, Block 12, Village of Western, Saline County, Nebraska;

The N96' of Lots 1, 2 & 3 and all of Lots 4, 5 & 6, Block 1, Shearer's Addition to the Village of Western, Saline County, Nebraska; and

Lot 1, Block 4, Shearer's Addition to the Village of Western, 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



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

DATE OF ISSUANCE

7/28/2017

LINCOLN, NEBRASKA

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

17 09470

CERTIFICATE OF DEATH

1 DECEDENT'S-NAME (First, Middle, Last, Suffix) <b>James E Rischling</b>		2. SEX <b>Male</b>		3. DATE OF DEATH (Mo., Day, Yr.) <b>July 24, 2017</b>	
4 CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH <b>Saline County, Nebraska</b>		5a. AGE - Last Birthday (Yrs.) <b>83</b>	5b. UNDER 1 YEAR <b>MOS.</b>	5c. UNDER 1 DAY <b>HOURS</b>	6. DATE OF BIRTH (Mo., Day, Yr.) <b>August 8, 1933</b>
7 SOCIAL SECURITY NUMBER <b>505-40-0770</b>		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) <b>Heritage Care Center</b>		8c. CITY OR TOWN OF DEATH (Include Zip Code) <b>Fairbury 68352</b>			
9a. RESIDENCE-STATE <b>Nebraska</b>		9b. COUNTY <b>Saline</b>		9c. CITY OR TOWN <b>Western</b>	
9d. STREET AND NUMBER <b>103 N East Avenue</b>		9e. APT. NO.	9f. ZIP CODE <b>68464</b>	9g. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
10a. 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		10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name			
11. FATHER'S-NAME (First, Middle, Last, Suffix) <b>James H Rischling</b>		12. MOTHER'S-NAME (First, Middle, Maiden Surname) <b>Elizabeth Kratina</b>			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) Yes <b>09/24/1952-09/23/1956</b>		14a. INFORMANT-NAME <b>Debra Rischling</b>		14b. RELATIONSHIP TO DECEDENT <b>Daughter</b>	
15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER-SIGNATURE <b>Not Embalmed</b>		16b. LICENSE NO. <b>July 25, 2017</b>	
16d. CEMETERY, CREMATORY OR OTHER LOCATION <b>Lincoln Cremation Service</b>		CITY / TOWN <b>Lincoln</b>		STATE <b>Nebraska</b>	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) <b>Kuncl Funeral Home, 607 West 3rd Street, PO Box 742, Wilber, Nebraska</b>				17b. Zip Code <b>68465</b>	
<b>CAUSE OF DEATH (See instructions and examples)</b>					
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) 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 Minutes
IMMEDIATE CAUSE: a) Cardiorespiratory Arrest					onset to death 1 Year
DUE TO, OR AS A CONSEQUENCE OF: b) Metastatic Melanoma					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)	
22a. DATE OF INJURY (Mo., Day, Yr.)		22b. TIME OF INJURY		21c. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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	
23a. DATE OF DEATH (Mo., Day, Yr.) <b>July 24, 2017</b>		23b. DATE SIGNED (Mo., Day, Yr.) <b>July 24, 2017</b>		23c. TIME OF DEATH <b>02:40 AM</b>	
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) <b>Ted Tucker, MD</b>		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 type="checkbox"/> YES <input checked="" 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) <b>Ted Tucker, MD 825 22nd St., Fairbury, Nebraska, 68352</b>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) <b>July 26, 2017</b>	
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>					

To be completed/verified by: FUNERAL DIRECTOR

To be completed by: CERTIFIER

To be completed by: MEDICAL CERTIFIER ONLY

To be completed by: CORONER'S PHYSICIAN OR COUNTY ATTORNEY ONLY

0097831