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From and return to:
Don Chambers
6511 Ballard Ave.
Lincoln, NE 68507
Fees: \$10.50 paid (check)

STATE OF NEBRASKA ss 2010-00318

SALINE COUNTY

Entered in numerical index and filed on record, the 16thday of February

2010 at 10\$30'clock A M. and recorded in Book 70 of Misc Page 20-21

Jinda Kastanek County Clerk

Attachment to the Death Certificate of Doris Jean Chambers.

Indexed against: Pt.  $S_2^*NW_2^*$  2-7-4 (55.35 acres) and  $SW_2^*$  ex. frac. 2-7-4 (156.83 acres)

## 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

MAR 1 9 2009

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MALEDATE CAUSE (Pinel Bases or condition resulting in death)  DUE TO, OR AS A CONSEQUENCE OF:  Sequentially list condition, if any, leading to the cases listed on line a.  DUE TO, OR AS A CONSEQUENCE OF:  United to death  DUE TO, OR AS A CONSEQUE		18. PART L	Enter the <u>chain of av</u> ry arrest, or vanishing			off are assisted.	that directly c BO MOT ABBI	aused the d REVIATE, E	inter only on	o cause on s	line. Ad	d additions	l lines if ne	CESSETY.		j	e vote or the state	
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Section   Continue		(disease	or injury that initiat	ed -				2						. <u></u> _		onset to d	eath	
18. PART IL OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I.    COLORING CONTACTED?   CORONAR CONTACTED.   CORONAR CONTACTED.   CORONAR CONTACTED.   CORONAR CONTACTED.   CORONAR CONTACTED.   CORONAR CONTACT			e resulting in death	1) 002 1	J, UK A3 A	COMOLECTION							٠					
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Driver/Operator   Present at time of death   P	<b> </b>	<u> </u>	Coronsu	y cci	Day 1	rseas	e, l	nga	Tast words, cook					ISPORTATION INJURY 21c. WA				
Other (Specify)   Yes   NO   Not pregnant 43 days to 1 year before death   Unknown if pregnant within the past year   22a. DATE OF INJURY (Mo., Day, Yr.)   22b. TIME OF INJURY   22c. PLACE OF INJURY-At home, farm, street, fectory, office building, construction site, stc. (Specify)   22d. INJURY AT WORK?   22e. DESCRIBE HOW INJURY OCCURRED   22d. INJURY AT WORK?   22e. DESCRIBE HOW INJURY OCCURRED   22d. LOCATION OF INJURY - STREET & NUMBER, APT. NO.		20. JF FI	20. IF FEMALE:				218, MARIN	ANNER OF BEATH										
Other (Specify)   Yes   NO   Not pregnant 43 days to 1 year before death   Unknown if pregnant within the past year   22a. DATE OF INJURY (Mo., Day, Yr.)   22b. TIME OF INJURY   22c. PLACE OF INJURY-At home, farm, street, fectory, office building, construction site, stc. (Specify)   22d. INJURY AT WORK?   22e. DESCRIBE HOW INJURY OCCURRED   22d. INJURY AT WORK?   22e. DESCRIBE HOW INJURY OCCURRED   22d. LOCATION OF INJURY - STREET & NUMBER, APT. NO.	ËRT	Pregr	ant at time of deat	th		1	_	_			- 1	=	_					
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22d. INJURY AT WORK?    YES																		
22d. INJURY AT WORK?    YES	nd w	22a. DA	TE OF INJURY (MC	o., Day, Yr.)	220.	TIME OF INJU	JRY 22c	PLACE (	OF INJURY	-At home,	farm, s	treet, faci	ory, offic	e building, con	struction s	ite, etc. (Spe	cify)	
221. LOCATION OF INJURY - STREET & NUMBER, APT. NO. CITYITOWN  222. LOCATION OF INJURY - STREET & NUMBER, APT. NO. CITYITOWN  223. DATE OF DEATH (Mo., Day, Yr.)  234. DATE SIGNED (Mo., Day, Yr.)  235. DATE SIGNED (Mo., Day, Yr.)  246. PRONOUNCED DEAD (Mo., Day	ပို			V 200		ILL HIRV OCC	LIBOSD					<del>.</del>						
221. LOCATION OF INJURY - STREET & NUMBER, APT. NO. CITY/TOWN  23a. DATE OF DEATH (Mo., Day, Yr.)  PENDITIATY 6, 2009  23b. DATE SKGNED (Mo., Day, Yr.)  23c. TIME OF DEATH  23c. TIME OF DEATH  23c. TIME OF DEATH  24c. PRONOUNCED DEAD (Mo., Day, Yr.)  24d. TIME PRONOUNCED DEAD  m  24d. 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 Tits)  25c. DID TOBACCO USE CONTRIBUTE TO THE DEATH?  25c. DID TOBACCO USE CONTRIBUTE TO THE DEATH?  26c. DID TOBACCO USE CONTRIBUTE TO THE DEATH?  26d. WAS CONSENT GRANTED?  NO N				22e. DES	CRIBE HOW	INJURT OCC	URRED											
23a. DATE OF DEATH (Mo., Day, Yr.)  FENDRIATY 6. 2009  23b. DATE SIGNED (Mo., Day, Yr.)  23c. TIME OF DEATH  FENDRIATY 13 2009  23c. TIME OF DEATH  TO STORY  23d. To the beat of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)  25c. DID TOBACCO USE CONTRIBUTE TO THE DEATH?  YES WIND PROBABLY UNKNOWN  27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print)  Dr. Mark Reida 3901 Pine Take Rd. Suite 220 Lipcoln Nie 68516  28a. REGISTRAR'S SIGNATURE				Y - STREET	A NUMBER	L APT. NO.		HY/TOW	N					STA	TE	<del></del>	ZIP COO€	
23a. DATE OF DEATH (Mo., Day, Yr.)  February 6, 2009  23b. DATE SIGNED (Mo., Day, Yr.)  23c. TIME OF DEATH  23b. DATE SIGNED (Mo., Day, Yr.)  23c. TIME OF DEATH  Pebruary 13, 2009  24c. PRONOUNCED DEAD (Mo., Day, Yr.)  24d. TIME PRONOUNCED DEAD  m  24c. PRONOUNCED DEAD (Mo., Day, Yr.)  24d. Time PRONOUNCED DEAD  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. (Signature and Title)  25. DID TOBACCO USE CONTRIBUTE TO THE DEATH?  YES INO PROBABLY UNKNOWN  26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED?  No Not Applicable if 25a is NO YES NO  27. NAME. TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print)  Dr. Mark Reida 3901 Pine Take Rd. Suite 220 Lincoln NF 68516  28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)		221. 00	CATION OF INJUR	ii - o ince	- 110.m	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
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Dr. Mark Reida 3901 Pine Lake Rd Suite 220 Lipcoln NF 68516.  28a. REGISTRAR'S SIGNATURE 28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)	1	25. DID TOBACCO USE CONTRIBUTE TO THE DEATH?    YES   NO   PROBABLY   UNKNOWN   YES   NO   Not Applicable # 26a is NO   YES										YES NO						
DT - MATK RE10A 3901 PINE LAKE RO SITTE 220  28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)  28a. REGISTRAR'S SIGNATURE		27. N	ME, TITLE AND A	DDRESS OF	CERTIFIER										0646			
EED 1 9 2000	L	284 5			eida	3901 1	Pine I	ake J	Rđ S	uite	<u> 220</u>	<u>Lin</u>	coln.			REGISTRAR	(Mo., Day, Yr.)	
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