

No.	Gen.	Num.	Paged	
#8	✓	✓	✓	
dk Register of Deeds				

Fee: \$ 10.00 paid (check)
 Doc. Stamp: \$191.25 paid (check)

2016 00201
 STATE OF NEBRASKA } ss
 SALINE COUNTY
 Entered in numerical index and filed on
 record, the 8 day of February
 2016 at 2:00 o'clock P. M. and recorded
 in Book 415 of Records Page 529

Jinde Kastuch
 County Clerk

From,

File, ~~_____~~ and Return to:
 Matthew Hanson
 1331 Main
 Crete, NE 68333

NEBRASKA DOCUMENTARY STAMP TAX	
Date	2-8-16
\$	191.25 By dk

WARRANTY DEED

Helen M. Zach, a single person, GRANTOR, in consideration of One Dollar (\$1.00) and other good and valuable consideration received from GRANTEE, Diane Mares, conveys to GRANTEE, the following described real estate (as defined in Neb. Rev. Stat. 76-201):

Lots Numbered Twenty-Six (26) and Twenty-Seven (27), except the south 66 feet (66') thereof, in the Original Town of Wilber, Saline County, Nebraska, and the vacated way or alley running east and west between the north end of said Lots Twenty-Six (26) and Twenty-Seven (27) in the Original Town of Wilber, Nebraska, and Lot Six (6), in Block Fifteen (15), in Wilber's First Addition to the Town of Wilber, Saline County, Nebraska.

Provided, however, that the Grantor, Helen M. Zech, hereby reserves unto herself a life interest in and to the real estate herein described.

GRANTOR covenants (jointly and severally, if more than one) with GRANTEE 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.

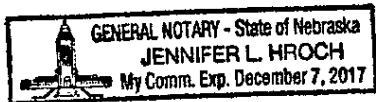
Executed: December 28, 2015.

Helen M Zach
 Helen M. Zach

STATE OF NEBRASKA)
) ss.
 COUNTY OF SALINE)

The foregoing instrument was acknowledged before me on December 28, 2015, by Helen M. Zach, a single person.

Jennifer L Hroch
 Notary Public



No.	Gen.	Num.	Paged	ROD
6				
Register of Deeds				

Fee \$16.00 (charge)

From & Return:

STATE OF NEBRASKA } ss
SALINE COUNTY

Index No. 2018-01524

Entered in numerical index and filed on record, the 24th day of September

2018 at 3:09 o'clock P. M. and recorded

in Book 79 of MISC Page 332-333

Matthew Hanson
County Clerk

File and Return to:

Matthew Hanson

1331 Main

Crete, NE 68333

Please file and record against:

Lots Numbered Twenty-Six (26) and Twenty-Seven (27), except the south 66 feet (66') thereof, in the Original Town of Wilber, Saline County, Nebraska, and the vacated way or alley running east and west between the north end of said Lots Twenty-Six (26) and Twenty-Seven (27) in the Original Town of Wilber, Nebraska, and Lot Six (6), in Block Fifteen (15), in Wilber's First Addition to the Town of Wilber, Saline County, 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
9/7/2018
LINCOLN, NEBRASKA

RUSSELL FOSLER
INTERIM ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH
AND HUMAN SERVICES
STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES



18 11388

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Helen Marie Zach

2. SEX Female

3. DATE OF DEATH (Mo., Day, Yr.) August 6, 2018

4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Wilber, Nebraska

5a. AGE - Last Birthday 90 (Yrs.)

5b. UNDER 1 YEAR

5c. UNDER 1 DAY

6. DATE OF BIRTH (Mo., Day, Yr.) January 20, 1928

7. SOCIAL SECURITY NUMBER 508-30-7891

8a. PLACE OF DEATH
HOSPITAL Inpatient OTHER Nursing Home/TC Hospice Facility
Wilber Care Center

8b. FACILITY NAME (if not institution, give street and number) 111 N. Wilson Street

8c. CITY OR TOWN OF DEATH (include zip code) Wilber 68465

8d. COUNTY OF DEATH Saline

8e. CITY OR TOWN Saline

8f. COUNTY Saline

8g. STATE Nebraska

8h. STREET AND NUMBER 111 N. Wilson Street

9. INSIDE CITY LIMITS YES NO

10a. MARITAL STATUS AT TIME OF DEATH Married Never Married Divorced Widowed Married, but separated Unknown

10b. NAME OF SPOUSE (First, Middle, Last, Suffix) if wife, give maiden name Robert Zach

11. FATHER'S NAME (First, Middle, Last, Suffix) Charles Mares

12. MOTHER'S NAME (First, Middle, Last, Suffix) Ella Hospodsky

13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) No

14. INFORMANT NAME Diane Mares

15. METHOD OF DISPOSITION Burial Donation Cremation Entombment Removal Other (Specify)

16a. CEMETERY, CREMATORY OR OTHER LOCATION Wilber Czech Cemetery

16b. LICENSE NO. 1507

16c. DATE (Mo., Day, Yr.) August 9, 2018

17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Griffiths Hovendick Chapel, Inc., 708 N. 6th Street, Beatrice, Nebraska

17b. Zip Code 68310

18. PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.
IMMEDIATE CAUSE: a) Multi Organ Failure
DUE TO, OR AS A CONSEQUENCE OF: a) Hip Fracture
DUE TO, OR AS A CONSEQUENCE OF: b) Hip Fracture
DUE TO, OR AS A CONSEQUENCE OF: c) Hip Fracture
DUE TO, OR AS A CONSEQUENCE OF: d) Hip Fracture
onset to death 3 Days
onset to death 1 Week
onset to death onset to death

19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES NO

20. IF FEMALE: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within past year

21a. MANNER OF DEATH Natural Homicide Accidental Drowning Poisoning Other (Specify) Suicide Could not be determined

21b. IF TRANSPORTATION INJURY Driver/Operator Passenger Pedestrian Other (Specify)

21c. WAS AN AUTOPSY PERFORMED? YES NO

21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? YES NO

22a. DATE OF INJURY (Mo., Day, Yr.) July 31, 2018

22b. TIME OF INJURY Unknown

22c. PLACE OF INJURY Nursing Home

22d. DESCRIBE HOW INJURY OCCURRED Patient fell out of bed at Wilber Care Center

22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO., CITY/TOWN, STATE, ZIP CODE 610 N. Main Street, Wilber, Nebraska 68465

23a. DATE OF DEATH (Mo., Day, Yr.) August 6, 2018

23b. TIME OF DEATH 12:40 AM

23c. TIME OF DEATH September 7, 2018

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) Jason K. Hesser, MD

23e. To be completed by CORONER'S PHYSICIAN or COUNTY ATTORNEY ONLY

24a. DATE SIGNED (Mo., Day, Yr.) August 6, 2018

24b. TIME OF DEATH 68465

24c. PRONOUNCED DEAD (Mo., Day, Yr.) August 6, 2018

24d. TIME PRONOUNCED DEAD 68465

25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? YES NO PROBABLY UNKNOWN

25a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? NO YES

25b. WAS CONSENT GRANTED? YES NO NOT APPLICABLE IF 25a IS NO

27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Jason K. Hesser, MD, 2910 Belted Drive, Crete, Nebraska, 68333

28a. REGISTRAR'S SIGNATURE *RZF*

28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) September 7, 2018

0511711

Pursuant to section 30-2413, demands for notice which may affect the estate of the deceased are filed with the county court in the county where the decedent resided at the time of death.