

2013 00776

No.	Ger.	Num.	Paged	
#2	✓	✓	✓	
dk Register of Deeds				

From:

Keating, O'Gara, Nedved & Peter, P.C.

530 South 13th Street, Suite 100

Lincoln, NE 68508-2795

Fee: \$ 16.00 paid

Return to: Joel Bacon

530 S. 13th St., Ste 100 Lincoln, NE 68508

STATE OF NEBRASKA } ss
SALINE COUNTY

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

2013 at 9:00 o'clock A M. and recorded

in Book 74 of Misc. Page 157-158

Dinda Kastanek
County Clerk

Please file attached death certificate against the following property:

Northeast Quarter (NE ¼) and the North Half (N ½) of the Southeast Quarter (SE ¼), all in Section Four (4), Township Six (6), Range Four (4), East of the 6th P.M., Saline County, Nebraska, containing 241.11 acres more or less)

Please return death certificate after filing to: Joel Bacon, 530 S 13th St., Ste. 100, Lincoln, NE 68508.

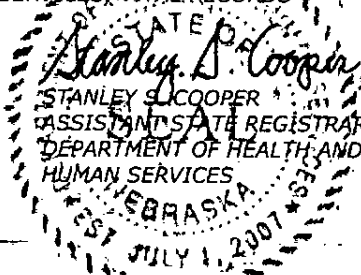
STATE OF NEBRASKA

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

APR 11 2013

LINCOLN, NEBRASKA



STATE OF NEBRASKA - DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

84 14686

DECEDENT - NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)		
			Charles	---	Kubicek	Male	Dec. 25, 1984		
RACE - e.g., White, Black, American Indian, etc. (Specify)			ORIGIN/DESCENT (e.g., Italian, Mexican, German, etc.) (Specify)			AGE - Last Birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)
White			Czech			18	95		May 16, 1889
CITY AND STATE OF BIRTH (If not in U.S.A., name country)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			NAME OF SPOUSE (If wife, give maiden name)
Saline Co., Ne.			USA			Widowed			--
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY			COUNTY OF DEATH
505 54 2114			Farmer			-- 011			Saline
CITY, TOWN OR LOCATION OF DEATH			INSIDE CITY LIMITS (Specify Yes or No)			HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)			IF HOSP. OR INST. Indicate DOA, Outpatient/Emr. In, Inpatient (Specify)
Crete			Yes			Crete Municipal Hosp.			Inpatient
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)
Nebraska		Saline	S-8, T-5, R-4			Rt. 1; DeWitt			No
FATHER - NAME			FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME			FIRST
			Matej	--	Kubicek				Annie -- Novak
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)			INFORMANT - NAME - RELATIONSHIP - MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
No			Karloline Kasl, daug.; Rt. 1; DeWitt Ne. 68341						
BURIAL, Cremation, Removal			DATE			CEMETERY OR CREMATORY - NAME			LOCATION
Burial			Dec. 28, 1984			Riverside			Crete, Ne.
EMBALMER - SIGNATURE & LICENSE NO.			FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
[Signature]			Kuncl Funeral Home, Inc.; 131 W. 12; Crete, Ne. 68333						
DATE OF DEATH (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH
DECEMBER 25, 1984			12/26/84			6:45 A.M.			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			
23d. (Signature and Title)			23c. (Signature and Title)			23d. (Signature and Title)			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print)			W.E. GARDNER, M.D., 1212 IVY AVENUE, CRETE, NEBRASKA 68333						
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)						
26a. (Signature)			26b. 12-28-84						
27. IMMEDIATE CAUSE			ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)			Interval between onset and death			
(a) Cerebral Vascular Accident						4 hr -			
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death			
PART OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related			PART II. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS?			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)
H			Yes <input type="checkbox"/> No <input type="checkbox"/>			28. No			29.
ACCIDENT, SUICIDE, HOMICIDE, UNDET., OR PENDING INVESTIGATION. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED
30a.			30b.			30c.			30d.
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			LOCATION			STREET OR R.F.D. No. CITY OR TOWN STATE
30g.			30f.			30g.			