No.	Gen.	Num.	Paged		
#5	✓	✓	✓		
dk	Register of Deeds				

2013 00779
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 AM. and recorded in Book 74 of Misc. Page 164-165

Linda Kastanek
County Clerk

From:
Keating, O'Gara, Nedved & Peter, P.C.
530 South 13th Street, Suite 100
Lincoln, NE 68508-2795
Fee: $ 16.00 paid (check)
Return to: Joel Bacon
530 S. 13th St., Ste 100 Lincoln, NE 68508

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 of 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

04/11/2013

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 13 01557

CERTIFICATE OF DEATH

To be completed/verified by: FUNERAL DIRECTOR

1. DECEDENT'S-NAME (First, Middle, Last, Suffix): Helen Kubicek				2. SEX: Female	3. DATE OF DEATH (Mo., Day, Yr.): April 2, 2013	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH: Hallam, Nebraska	5a. AGE - Last Birthday (Yrs.): 87	5b. UNDER 1 YEAR MOS. / DAYS		5c. UNDER 1 DAY HOURS / MINS.		6. DATE OF BIRTH (Mo., Day, Yr.): December 16, 1925
7. SOCIAL SECURITY NUMBER: 508-68-5130	8a. PLACE OF DEATH: HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home/LTC ☐ Decedent's Home ☐ Other (Specify); ☐ Hospice Facility					
8b. FACILITY-NAME (If not Institution, give street and number): Crete Manor						
8c. CITY OR TOWN OF DEATH (Include Zip Code): Crete 68333				8d. COUNTY OF DEATH: Saline		
9a. RESIDENCE-STATE: Nebraska	9b. COUNTY: Saline	9c. CITY OR TOWN: Crete				
9d. STREET AND NUMBER: 830 1st Street	9e. APT. NO.	9f. ZIP CODE: 68333		9g. INSIDE CITY LIMITS: ☒ YES ☐ NO		
10a. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Never Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Unknown	10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name					
11. FATHER'S-NAME (First, Middle, Last, Suffix): Charles Rejcha	12. MOTHER'S-NAME (First, Middle, Maiden Surname): Alice Stastny					
13. EVER IN U.S. ARMED FORCES? Give dates of service If Yes. (Yes, No, or Unk.) No	14a. INFORMANT-NAME: Linda Fife			14b. RELATIONSHIP TO DECEDENT: Daughter		
15. METHOD OF DISPOSITION: ☒ Burial ☐ Donation ☐ Cremation ☐ Entombment ☐ Removal ☐ Other (Specify)	16a. EMBALMER-SIGNATURE: Paul A. Seger	16b. LICENSE NO.: 1425		16c. DATE (Mo., Day, Yr.): April 6, 2013		
16d. CEMETERY, CREMATORY OR OTHER LOCATION: Wilber Czech Cemetery	CITY / TOWN: Wilber	STATE: Nebraska				
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State): Kunci Funeral Home, Inc., 131 W. 12th Street, Crete, Nebraska				17b. Zip Code: 68333		

CAUSE OF DEATH (See instructions and examples)

To be completed by: CERTIFIER

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)	IMMEDIATE CAUSE: a) Pulmonary Failure	onset to death: Days
Sequentially list conditions, if any, leading to the cause listed on line a.	DUE TO, OR AS A CONSEQUENCE OF: b) Pulmonary Disease	onset to death: Years
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	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: Obstructive Sleep Apnea. Chronic Diastolic Heart Failure

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 the past year

21a. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ 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.) | 22b. TIME OF INJURY | 22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify)

22d. INJURY AT WORK? ☐ YES ☐ 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.): April 2, 2013

23b. DATE SIGNED (Mo., Day, Yr.): April 5, 2013

23c. TIME OF DEATH: 11:55 AM

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): Robert B. McKeeman, MD

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

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? ☐ YES ☐ NO ☐ PROBABLY ☒ UNKNOWN

26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? ☐ YES ☒ NO

26b. WAS CONSENT GRANTED? Not Applicable if 26a is NO ☐ YES ☐ NO

27. NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print): Robert B. McKeeman, MD, 1210 Second Street, PO Box 227, Friend, Nebraska, 68359

28a. REGISTRAR'S SIGNATURE: Stanley S. Cooper

28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.): April 10, 2013