

FILED

BOOK 2007 PAGE 1145

2007 FEB 27 PM 2:57

Carol Givens
DODGE COUNTY
REGISTER OF DEEDS
COMPASS INDEX FEE \$ 5.50

as joint tenants with right of survivorship, and not as tenants in common, the following described real property located in Dodge County, Nebraska: A part of Lot 1 of Meierhenry Subdivision located in Section 11, Township 17 North, Range 8 East of the 6th P.M., containing 4.02 acres more or less and being more particularly described as follows: Commencing at the SE 1/4 of said Section 11 and going thence West along the South margin of the SE 1/4 of the NW 1/4 of said Section 11 for a distance of 33.0 feet to the NE corner of Lot 7 of said Meierhenry Subdivision; said point being the point of beginning; thence North parallel to and 33.0 feet distant from the East margin of the SE 1/4 of the NW 1/4 for a distance of 427.15 feet to a point on the Southeast R.O.W. of the C&NW Railroad; thence southwesterly along said railroad R.O.W. for a distance of 700.02 feet to a point on the northerly extension of the East line of Lot 10 said Meierhenry Subdivision; thence South along said extension for a distance of 126.2 feet to the NE corner of said Lot 10, thence East along the North margins of Lot 9, 8 and 7 of said Meierhenry's Subdivision for a distance of 633.45 feet to the point of beginning, all in Dodge County, Nebraska.

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
JAN 12 1998
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA- DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT
VITAL STATISTICS

CERTIFICATE OF DEATH

1. DECEDENT - NAME FIRST MIDDLE LAST Phyllis Lavonne Peters			2. SEX Female		3. DATE OF DEATH (Month, Day, Year) January 1, 1998	
4. CITY AND STATE OF BIRTH (If not in U.S.A. name country) Albion, NE		5a. AGE - Last Birthday (Yrs) 68		6. DATE OF BIRTH (Month, Day, Year) October 2, 1929		
7. SOCIAL SECURITY NUMBER 505-30-4878		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 <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify):				
8b. FACILITY - Name (If not institution, give street and number) A.J. Merrick Manor		8c. CITY, TOWN OR LOCATION OF DEATH Fremont				
9a. RESIDENCE - STATE Nebraska		9b. COUNTY Dodge		9c. CITY, TOWN OR LOCATION Hooper		
10. RACE (e.g., White, Black, American Indian, etc.) White		11. ANCESTRY (e.g., Italian, Mexican, German, etc.) German/Swedish		12. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		
13. NAME OF SPOUSE (If wife, give maiden name) Harold W. Peters		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker				
14b. KIND OF BUSINESS INDUSTRY Own Home		15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (10-12) 12 College (11-4 or 5+)				
16. FATHER - NAME FIRST MIDDLE LAST Ray Ranslem		17. MOTHER - NAME FIRST MIDDLE MAIDEN SURNAME Esther Nelson				
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		19a. INFORMANT - NAME Harold W. Peters				
19b. INFORMANT MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 306 East Elk Street, Hooper, NE 68031						
20. FUNERAL HOME - NAME Moser Memorial Chapel		21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation		21b. DATE Jan 5, 1998		
22a. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 2170 North Somers, Fremont, NE 68025-		21c. CEMETERY OR CREMATORY - NAME Hooper Cemetery				
22b. FUNERAL HOME ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 2170 North Somers, Fremont, NE 68025-		21d. CEMETERY OR CREMATORY LOCATION Hooper Nebraska				
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardiopulmonary Arrest (b) Metastatic Breast-cancer (c) Interval between onset and death immediate 1 year						
24. AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related Atrial Flutter PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Ages 10-54) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 25. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
26a. DATE OF INJURY (Mo., Day, Yr.) 26b. HOUR OF INJURY 26c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26d. DESCRIBE HOW INJURY OCCURRED 26e. INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/> 26f. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE						
27a. DATE OF DEATH (Mo., Day, Yr.) January 01, 1998 27b. DATE SIGNED (Mo., Day, Yr.) January 02, 1998 27c. TIME OF DEATH 3:00 A.M. 27d. On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Lissa A. Woodruff 27e. 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) Stanley S. Cooper						
28. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN 29. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 30. WAS CONSENT GRANTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
31. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Lissa A Woodruff, M.D. 2350 North clarkson Fremont Ne 68025						
32a. REGISTRAR Stanley S. Cooper 32b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JAN 9 1998						