



REFEREE'S DEED

Know All Men by These Presents:

That I, MICHAEL J. MCCARTHY, REFEREE in the case of Dorothy Klanecky and Edwin Klanecky, wife and husband, Plaintiffs, vs. Agnes Vodicka and Joe Vodicka, wife and husband; Helen Fujan and Leo Fujan, wife and husband; Rudy Zajicek, Jr., and Yvonne Zajicek, husband and wife, and Bernard J. Ach, Personal Representative of the Estate of Bessie Zajicek, Deceased, Defendants, Case #9067 in the District Court of Saline County, Nebraska, acting pursuant to an Order of the Court entered in said cause on March 5, 1985, and in consideration of the sum of Five Hundred Dollars (\$500.00) paid to me as Referee, do hereby grant, bargain, sell and convey unto RICHARD C. FLASKA and SOPHIE R. FLASKA, husband and wife, GRANTEE, as joint tenants and not as tenants in common, the following real estate in the County of Saline and State of Nebraska:

All of Lots Twenty (20) and Twenty-one (21) except the East Fifty feet (E 50') thereof in R. S. Bentley's Addition to Friend, Saline County, Nebraska

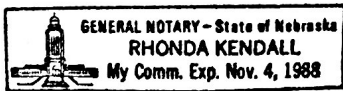
To have and to hold the same unto Richard C. Flaska and Sophie R. Flaska, their heirs and assigns forever.

Dated this 5th day of March, 1985.

Handwritten signature of Michael J. McCarthy, Referee

State of Nebraska, County of Fillmore -- ss.

The foregoing Referee's Deed was acknowledged before me this 5th day of March, 1985 by Michael J. McCarthy, Referee as his voluntary act and deed.



Handwritten signature of Rhonda Kendall, Notary Public

State of Nebraska, County of Saline

Filed for record and entered in Numerical index on March 8, 1985 9:00 o'clock A.M., recorded in Deed Record <sup>Book</sup> 224 Page 217.

Table with 5 columns and 1 row, containing handwritten numbers and checkmarks.

Handwritten signature of Tracy E. Harscha, County of Deputy County Clerk

From & ret to: Heinisch & Bryan Attorneys at Law P.O. Box 311 Geneva, Nebraska 68361 Fee: \$ 5.50 paid Doc. Stamp: \$ .55 paid

| No.               | Gen. | Num. | Paged |  |
|-------------------|------|------|-------|--|
| #16               | ✓    | ✓    | ✓     |  |
| Register of Deeds |      |      |       |  |

From, Chg. and Return to:  
Hanson, Hroch & Kuntz, Attys.  
P. O. Box 626  
Wilber, NE 68465  
Fee: \$ 14.00 Chg.

STATE OF NEBRASKA } ss  
SALINE COUNTY }

Entered in numerical index and filed on  
record, the 29 day of December  
2006 at 2:35 o'clock P.M. and recorded  
in Book 65 of Misc. Page 468-469

*Jinde Kastanek*  
County Clerk

Index against the following described real estate:

The W $\frac{1}{2}$  of the NW $\frac{1}{4}$  of Section 9, Township 6 North, Range 1, East of the 6<sup>th</sup> P.M.,  
Saline County, Nebraska; and

The E $\frac{1}{2}$  of the SW $\frac{1}{4}$  of Section 21, Township 7 North, Range 1, East of the 6<sup>th</sup> P.M. in  
Saline County, Nebraska; and

The NE $\frac{1}{4}$  of Section 32, Township 7 North, Range 1, East of the 6<sup>th</sup> P.M. in Saline  
County, Nebraska; and

Lot 7 and the W $\frac{1}{2}$  of Lot 8, excluding the North 95 feet of Lot 7 and the North 95 feet of  
the W $\frac{1}{2}$  of Lot 8, in B.G. Page's First addition to Friend, Saline County, Nebraska; and

The East 50 feet and the South 30 feet of the West 45 feet of Lots 20 and 21 in Bentley's  
Addition to Friend, Saline County, Nebraska; and

Lot 22 in R.S. Bentley's First Addition to Friend, Saline County, Nebraska

## STATE OF 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  
**OCT 11 2006**  
LINCOLN, NEBRASKA

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

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

## CERTIFICATE OF DEATH

06 30947

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| 1. DECEDENT'S NAME (First, Middle, Last, Suffix)<br>Richard Charles <u>Flaska</u>   |  |  |  | 2. SEX<br><u>Male</u>   |  | 3. DATE OF DEATH (Mo., Day, Yr.)<br><u>October 2, 2006</u>  |  |
| 4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH<br><u>Rural Friend, Nebraska</u>  |  |  |  | 5a. AGE-Last Birthday (Yrs.)<br><u>81</u>   |  | 6. DATE OF BIRTH (Mo., Day, Yr.)<br><u>May 31, 1925</u>   |  |
| 7. SOCIAL SECURITY NUMBER<br><u>507-42-0987</u>   |  |  |  | 8a. PLACE OF DEATH<br>HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility<br><input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home<br><input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify) _____ |  |   |  |
| 8b. FACILITY-NAME (If not institution, give street and number)<br><u>Friend Manor</u>   |  |  |  | 8d. COUNTY OF DEATH<br><u>Saline</u>  |  |   |  |
| 8c. CITY OR TOWN OF DEATH (Include Zip Code)<br><u>Friend</u>   |  |  |  | 8e. RESIDENCE-STATE<br><u>Nebraska</u>  |  |   |  |
| 8f. RESIDENCE-CITY<br><u>Saline</u>   |  |  |  | 8g. CITY OR TOWN<br><u>Friend</u>   |  |   |  |
| 8h. STREET AND NUMBER<br><u>208 Cherry</u>  |  |  |  | 9e. APT. NO.  |  | 9f. ZIP CODE<br><u>68359</u>  |  |
| 9g. INSIDE CITY LIMITS<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |   |  |   |  |
| 10a. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married<br><input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown  |  |  |  | 10b. NAME OF SPOUSE (First, Middle, Last, Suffix) if wife, give maiden name.<br><u>Sophie R. Bartek</u>   |  |   |  |
| 11. FATHER'S-NAME (First, Middle, Last, Suffix)<br><u>William Flaska</u>  |  |  |  | 12. MOTHER'S-NAME (First, Middle, Maiden Surname)<br><u>Helen Hynek</u>   |  |   |  |
| 13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) <u>No</u>   |  |  |  | 14a. INFORMANT-NAME<br><u>Sophie Flaska</u>   |  | 14b. RELATIONSHIP TO DECEDENT<br><u>Spouse</u>  |  |
| 15. METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation<br><input type="checkbox"/> Cremation <input type="checkbox"/> Entombment<br><input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify) _____  |  | 16a. EMBALMER-SIGNATURE<br><i>[Signature]</i>  |  | 16b. LICENSE NO.<br><u>1097</u>   |  | 16c. DATE (Mo., Day, Yr.)<br><u>Oct. 5, 2006</u>  |  |
| 16d. CEMETERY, CREMATORY OR OTHER LOCATION<br><u>St. Joseph Catholic Cemetery Friend, Nebraska</u>  |  |  |  | 17b. Zip Code<br><u>68359</u>   |  |   |  |
| 17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State)<br><u>Lauber-Moore Funeral Home 814 Maple St Friend, NE</u>  |  |  |  | 17c. Zip Code<br><u>68359</u>   |  |   |  |
| <b>CAUSE OF DEATH (See instructions and examples)</b>   |  |  |  |   |  |   |  |
| 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<br>onset to death  |  |
| IMMEDIATE CAUSE:<br>(a) <u>Liver failure</u>  |  |  |  |   |  | 7 days  |  |
| DUE TO, OR AS A CONSEQUENCE OF:<br>(b) <u>Metastatic Colon Cancer</u>   |  |  |  |   |  | 2 years   |  |
| Sequentially list conditions, if any, leading to the cause listed on line a.<br>Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)<br>(c) _____  |  |  |  |   |  | onset to death  |  |
| DUE TO, OR AS A CONSEQUENCE OF:<br>(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.   |  |  |  |   |  | 19. WAS MEDICAL EXAMINER OR CORONER CONTACTED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 20. IF FEMALE<br><input type="checkbox"/> Not pregnant within past year<br><input type="checkbox"/> Pregnant at time of death<br><input type="checkbox"/> Not pregnant, but pregnant within 42 days of death<br><input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death<br><input type="checkbox"/> Unknown if pregnant within the past year |  | 21a. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide<br><input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined |  | 21b. IF TRANSPORTATION INJURY<br><input type="checkbox"/> Driver/Operator<br><input type="checkbox"/> Passenger<br><input type="checkbox"/> Pedestrian<br><input type="checkbox"/> Other (Specify) _____  |  | 21c. WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | 22e. DESCRIBE HOW INJURY OCCURRED  |  |   |  |   |  |
| 22f. LOCATION OF INJURY (Street & Number, Apt. No.)   |  | CITY/TOWN  |  | STATE   |  | ZIP CODE  |  |
| 23a. DATE OF DEATH (Mo., Day, Yr.)<br><u>10/2/2006</u>  |  | 23b. DATE SIGNED (Mo., Day, Yr.)<br><u>10/4/2006</u>   |  | 23c. TIME OF DEATH<br><u>1500 m</u>   |  | 24a. DATE SIGNED (Mo., Day, Yr.)  |  |
| 24b. TIME OF DEATH<br><u>m</u>  |  | 24c. PHONOUNCED DEAD (Mo., Day, Yr.)   |  | 24d. TIME PHONOUNCED DEAD<br><u>m</u>   |  |   |  |
| 25. On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>   |  |  |  | 26. 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) <i>[Signature]</i>   |  |   |  |
| 25. DID TOBACCO USE CONTRIBUTE TO THE DEATH?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN  |  | 26a. HAS ORGAN OR TISSUE DONATION BEEN CONSIDERED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  | 26b. WAS CONSENT GRANTED?<br>Not Applicable if 26a is NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |   |  |
| 27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print)<br><u>Darin Gregory, M.D. Zimmer Med Clinic 905 2nd Friend, NE 68359</u>   |  |  |  |   |  |   |  |
| 28. REGISTRAR'S SIGNATURE   |  |  |  |   |  |   |  |
| 28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)  |  |  |  |   |  |   |  |

To Be Completed/verified by: FUNERAL DIRECTOR

To Be Completed by: CERTIFIER

To Be Completed by: ATTENDING PHYSICIAN ONLY

To Be Completed by: CORONER'S PHYSICIAN OR COUNTY ATTORNEY ONLY

| No.       | Rec'd | Num. | Paged |               |
|-----------|-------|------|-------|---------------|
| #9        | ✓     | ✓    | ✓     |               |
| <i>JH</i> |       |      |       | Book of Deeds |

From, Chg. and Return to:  
Hanson, Hroch & Kuntz  
1331 Main Street  
Crete, NE 68333  
Fee: \$ 6.00 Chg.

STATE OF NEBRASKA } ss  
SALINE COUNTY

Entered in numerical index and filed on record, the 7 day of December 2006 at 2:23 o'clock P. M. and recorded in Book 351 of Records Page 652

*Giuda Kastarek*  
County Clerk

**WARRANTY DEED**

Sophie R. Flaska, a single person, GRANTOR, in consideration of One Dollar (\$1.00) and love and affection received from GRANTEE, Rick A. Flaska, Ronita A. Dewey, Melanie J. Papik and Starlene A. Benorden, conveys to GRANTEE, the following described real estate (as defined in Neb. Rev. Stat. 76-201):

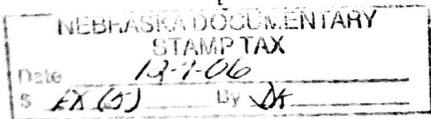
The East Fifty feet (E 50') and the South Thirty feet (S 30') of the West Forty-Five feet (W 45') of Lots Twenty (20) and Twenty-One (21) in Bentley's Addition to Friend, Saline County, Nebraska

Provided, however, that the Grantor Sophie R. Flaska, hereby reserves unto herself a life interest in and to he 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.

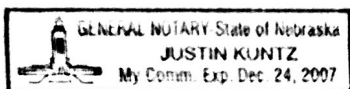
Executed November 30, 2006.



*Sophie R. Flaska*  
Sophie R. Flaska

STATE OF NEBRASKA )  
) ss.  
COUNTY OF SALINE )

The foregoing instrument was acknowledged before me on November 30, 2006, by Sophie R. Flaska, a single person.



*J. Kuntz*  
Notary Public

|                   |      |      |       |  |
|-------------------|------|------|-------|--|
| No.               | Gen. | Num. | Paged |  |
| #9                | ✓    | ✓    | ✓     |  |
| Register of Deeds |      |      |       |  |

STATE OF NEBRASKA } ss  
 SALINE COUNTY }  
 Entered in numerical index and filed on  
 record, the 15 day of March  
 2007 at 2:45 o'clock P.M. and recorded  
 in Book 353 of Records Page 689

From and Return to:  
 Hanson, Hroch & Kuntz, Attys.  
 1331 Main Street  
 Crete, NE 68333  
 Fee: \$ 5.50 paid

*Jinda Kastanek*  
 County Clerk

**CORRECTIVE  
 WARRANTY DEED**

Sophie Flaska, a single person, GRANTOR, in consideration of One Dollar (\$1.00) and love and affection received from GRANTEE, Rick A. Flaska, Ronita A. Dewey, Melanie J. Papik and Starlene A. Benorden, conveys to GRANTEE, the following described real estate (as defined in Neb. Rev. Stat. 76-201):

The South Thirty feet (30') of the West Forty-Five feet (45') of Lot Twenty-One (21) in Bentley's Addition to Friend, Saline County, Nebraska;

Provided, however, that the Grantor Sophie R. Flaska, 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.

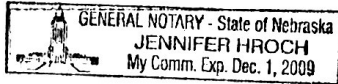
Executed: March 7, 2007.

*Sophie R. Flaska*  
 Sophie R. Flaska

STATE OF NEBRASKA )  
 ) ss.  
 COUNTY OF SALINE )

**NEBRASKA DOCUMENTARY  
 STAMP TAX**  
 Date 3-15-07  
 \$ Exempt (\$ by RD

The foregoing instrument was acknowledged before me on March 7, 2007, by Sophie R. Flaska, a single person.



*Jennifer Hroch*  
 Notary Public