

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 6th 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 6th P.M. in
Saline County, Nebraska; and

The NE $\frac{1}{4}$ of Section 32, Township 7 North, Range 1, East of the 6th 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) Richard Charles Flaska			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) October 2, 2006		
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Rural Friend, Nebraska			5a. AGE-Last Birthday (Yrs.) 81		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.		
7. SOCIAL SECURITY NUMBER 507-42-0987			8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> DCA <input type="checkbox"/> Other (Specify)				
8b. FACILITY-NAME (If not institution, give street and number) Friend Manor			8c. CITY OR TOWN OF DEATH (Include Zip Code) Friend				
8d. COUNTY OF DEATH Saline			8e. RESIDENCE-STATE Nebraska				
8f. COUNTY Saline			8g. CITY OR TOWN Friend				
8h. STREET AND NUMBER 208 Cherry			8i. APT. NO.		8j. ZIP CODE 68359		
8k. INSIDE CITY LIMITS <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 <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. Sophie R. Bartek			11. FATHER'S-NAME (First, Middle, Last, Suffix) William Flaska				
12. MOTHER'S-NAME (First, Middle, Maiden Surname) Helen Hynek			13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) No				
14a. INFORMANT-NAME Sophie Flaska			14b. RELATIONSHIP TO DECEDENT Spouse				
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER-SIGNATURE <i>[Signature]</i>		16b. LICENSE NO. 1097		16c. DATE (Mo., Day, Yr.) Oct. 5, 2006	
16d. CEMETERY, CREMATORY OR OTHER LOCATION St. Joseph Catholic Cemetery Friend, Nebraska						17b. Zip Code 68359	
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Lauber-Moore Funeral Home 814 Maple St Friend, NE						17c. Zip Code 68359	
CAUSE OF DEATH (See instructions and examples)							
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 onset to death	
IMMEDIATE CAUSE: (a) Liver failure						7 days	
DUE TO, OR AS A CONSEQUENCE OF:						onset to death	
Sequentially list conditions, if any, leading to the cause listed on line a. (b) Metastatic Colon Cancer						2 years	
DUE TO, OR AS A CONSEQUENCE OF:						onset to death	
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) (c) LAST						onset to death	
DUE TO, OR AS A CONSEQUENCE OF:						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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
20. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		21a. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		21c. WAS AN AUTOPSY PERFORMED? <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? <input type="checkbox"/> YES <input checked="" 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.) 10/2/2006		23b. DATE SIGNED (Mo., Day, Yr.) 10/4/2006		23c. TIME OF DEATH 1500 m		24a. DATE SIGNED (Mo., Day, Yr.)	
24b. TIME OF DEATH m		24c. PRONOUNCED DEAD (Mo., Day, Yr.)		24d. TIME PRONOUNCED DEAD m			
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? <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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		26b. WAS CONSENT GRANTED? 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) Darin Gregory, M.D. Zimmer Med Clinic 905 2nd Friend, NE 68359							
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