

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
JUL 10 2007
 LINCOLN, NEBRASKA

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

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE
CERTIFICATE OF DEATH

7231

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Pam Last-Hoekzema				2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) June 27, 2007	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Louisville, Kentucky			5a. AGE-Last Birthday (Yrs.) 36	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) May 27, 1969	
7. SOCIAL SECURITY NUMBER 360-70-8759		8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) road					
8b. FACILITY-NAME (If not institution, give street and number) 210th and Holdrege Road				8c. CITY OR TOWN OF DEATH (Include Zip Code) Seward, 68434-			
8d. COUNTY OF DEATH Seward							
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Seward		9c. CITY OR TOWN Seward			
9d. STREET AND NUMBER 1187 Augusta Drive				9e. APT. NO.	9f. ZIP CODE 68434-		9g. 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. Dan Hoekzema				
11. FATHER'S-NAME (First, Middle, Last, Suffix) William Graves			12. MOTHER'S-NAME (First, Middle, Maiden Surname) Mary Keller				
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unknown) No			14a. INFORMANT-NAME Dan Hoekzema		14b. RELATIONSHIP TO DECEDENT Husband		
15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER SIGNATURE <i>Ryan M. Reddy</i>		16b. LICENSE NO. 1318		16c. DATE (Mo., Day, Yr.) June 27, 2007	
16d. CEMETERY, CREMATORY OR OTHER LOCATION Springfield Crematory		CITY/TOWN Springfield		STATE Illinois			
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Wood-Zabka Funeral Home 410 Jackson, Seward, Nebraska						17b. Zip Code 68434	
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:							onset to death
(a) Neck Fracture							5min
DUE TO, OR AS A CONSEQUENCE OF:							onset to death
(b)							
DUE TO, OR AS A CONSEQUENCE OF:							onset to death
(c) Motor Vehicle Accident							later death
DUE TO, OR AS A CONSEQUENCE OF:							onset to death
(d)							
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
20. IF FEMALE: <input checked="" 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		21b. IF TRANSPORTATION INJURY <input checked="" 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	
						21d. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
22a. DATE OF INJURY (Mo., Day, Yr.) June 27, 2007		22b. TIME OF INJURY 08:30 A^m		22c. PLACE OF INJURY-At home, farm, street, factory, office building, construction site, etc. (Specify) 210 th & Holdrege Road			
22d. INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		22e. DESCRIBE HOW INJURY OCCURRED two car motor vehicle collision					
22f. LOCATION OF INJURY - STREET & NUMBER, APT. NO. 210th & Holdrege Road		CITY/TOWN Seward		STATE Nebraska		ZIP CODE 68434	
23a. DATE OF DEATH (Mo., Day, Yr.) 6/27/07		23b. DATE SIGNED (Mo., Day, Yr.) 6/29/07		23c. TIME OF DEATH 0925 a.m.		24a. DATE SIGNED (Mo., Day, Yr.)	
						24b. TIME OF DEATH m	
						24c. PRONOUNCED DEAD (Mo., Day, Yr.)	
						24d. TIME PRONOUNCED DEAD m	
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) <i>Stanley S. Cooper</i>				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) <i>Stanley S. Cooper</i>			
25. DID TOBACCO USE CONTRIBUTE TO THIS 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26b. WAS CONSENT GRANTED? Not Applicable If 26a is NO <input type="checkbox"/> YES <input type="checkbox"/> NO			
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Dr. Robert Wergin, M.D., 119 South C Street, Milford, Nebraska 68405							
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUL 03 2007			

Am. J. S. K. K. K.

EXHIBIT "A"

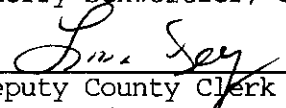
Lot 10, Country Club Heights Second Addition, Seward, Seward County, Nebraska

C 754100

State of Nebraska)
County of Seward)^{SS}

Filed for record on October 22, 2009
at 11:30 am and recorded as Instrument
Number 200903375.

Sherry Schweitzer, County Clerk


Deputy County Clerk

Fee: \$10.50

2 page document