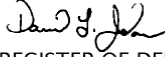


NEBRASKA DOCUMENTARY  
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Sep 12, 2013  
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FILED  
CASS COUNTY, NE.

2013 Sep 12 AM 11:57  
BK 32 OF GEN PG 828

  
REGISTER OF DEEDS  
#04981 \$16.00

Pls return to Lutton Law, 1442 Silver St., Ashland, NE 68003

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### DEATH CERTIFICATE

See attached legal descriptions

Previously recorded document data:

Deed filed February 14, 1956, Bk 91, Page 652  
Grantor: George I. Gade and Eleanor E. Gade, Husband and Wife  
Grantee: Adolph L. Fedde and Mary Ann Fedde, Husband and Wife  
Surviving Grantee: Mary Ann Fedde

Deed filed February 14, 1956, Bk 90, Page 673  
Grantor: George I. Gade and Eleanor E. Gade, Husband and Wife  
Grantee: Adolph L. Fedde and Mary Ann Fedde, Husband and Wife  
Surviving Grantee: Mary Ann Fedde

Deed filed December 6, 1983, Bk 134, Page 82  
Grantor: Jay Hicks  
Grantee: Adolph L. Fedde and Mary Ann Fedde, Husband and Wife  
Surviving Grantee: Mary Ann Fedde

The fractional Southeast Quarter (SE 1/4) of Section Nine (9), Township Twelve (12) North, Range Ten (10) East of the Sixth Principal Meridian more particularly described as Lots Four (4) and Five (5) and the Southwest Quarter (SW 1/4) of the Southeast Quarter (SE 1/4) of said Section Nine (9), except a strip of land Two rods wide for a private road as near as practicable along the West side of the Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) and the Southwest Quarter (SW 1/4) of the Southeast Quarter (SE 1/4) of said Section Nine (9); and the West 16.27 acres of Lot Five (5) of Section Ten (10) Township Twelve (12) North, Range Ten (10) East of the Sixth Principal Meridian, Cass County, Nebraska

and

That part of the East Half of Section Nine (9) Township Twelve (12) Range Ten (10), East of the Sixth P.M., Cass County, Nebraska, lying North of the right of way of the Burlington Railroad, including island in the Platte River in said section; also the land that lies North of the West 16.27 acres of Lot 5, Section 10, Township 12, Range 10 East of the Sixth P.M. Cass County, Nebraska plus all land accreted to the above described property, which land is North of the railroad right of way of Burlington Railroad

and

All that part of Lot Six (6) in the West Half (W1/2) of Section Nine (9), Township Twelve (12), Range Ten (10), lying south of Interstate 80, Cass County, Nebraska

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

06/26/2013

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  
 CERTIFICATE OF DEATH

13 24814

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Adolph Louis Fedde			2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) May 20, 2013	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Douglas County, Nebraska			5a. AGE-Last Birthday (Yrs.) 88		5b. UNDER 1 YEAR MO. DAYS HOURS MINS.	
7. SOCIAL SECURITY NUMBER 535-26-5199			8a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home/ATC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
8b. FACILITY NAME (If not institution, give street and number) Midlands Comm. Hospital 11111 S 84th St			8c. CITY OR TOWN OF DEATH (Include Zip Code) Papillion 68046			
8d. RESIDENCE-STATE Nebraska			8e. COUNTY Sarpy		8f. CITY OR TOWN Gretna	
9d. STREET AND NUMBER 12002 S. 216th Street			9e. APT. NO.		9f. ZIP CODE 68028	
9g. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" 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. Mary Ann Stark			11. FATHER'S NAME (First, Middle, Last, Suffix) Adolph Fedde			
12. MOTHER'S NAME (First, Middle, Maiden Surname) Louise Armbrust			13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yrs. no. or unit.) Yes WW II 2/1944 5/1946			
14a. INFORMANT NAME Mary Ann Fedde			14b. RELATIONSHIP TO DECEDENT Wife			
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. EMPHASIS SIGNATURE <i>[Signature]</i>		16b. LICENSE NO. 1332	
16c. CEMETERY, CREMATORY OR OTHER LOCATION Elkhorn Cemetery Elkhorn, NE			16d. DATE (Mo., Day, Yr.) 5/24/2013			
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Roeder Mortuary, Inc 11710 Standing Stone Drive Gretna, NE			17b. Zip Code 68028			
18. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter incidental 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. IMMEDIATE CAUSE: (a) CAD, acute MI DUE TO, OR AS A CONSEQUENCE OF: IMMEDIATE CAUSE (Final disease or condition resulting in death) (b) 250.00 Diabetes DUE TO, OR AS A CONSEQUENCE OF: Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (c) COPD DUE TO, OR AS A CONSEQUENCE OF: (d) Chronic Kidney Disease						APPROXIMATE INTERVAL onset to death
19. 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 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 m		22c. PLACE OF INJURY—At home, farm, street, factory, office building, construction site, etc. (Specify)		
22d. INJURY AT WORK? <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.) 5-20-2013		23b. TIME OF DEATH 2:30P		23c. TIME OF DEATH m		23d. TIME OF DEATH m
23e. DATE SIGNED (Mo., Day, Yr.) 6-13-2013		23f. TIME OF DEATH 2:30P		23g. TIME OF DEATH m		23h. TIME OF DEATH m
23i. 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>[Signature]</i>						23j. 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 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 (Type or Print) Ann M. Kocian, PA-C 920 Village St. Gretna, NE 68028						28. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUN 24 2013
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>						28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) JUN 24 2013