

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH SERVICES  
ORIGINAL CERTIFICATE OF DEATH  
FACT OF DEATH

STATE FILE DATE: SEPTEMBER 09, 2021  
STATE FILE NUMBER: 2021037685

1. DECEDENT'S NAME  
First: **WILLIAM** Middle: **JAY** Last: **KONVICKA**

2. SOCIAL SECURITY NUMBER: **327-70-5411** 3. DATE PRONOUNCED DEAD: **SEPTEMBER 07, 2021**

4. TIME PRONOUNCED DEAD (24hr): **11:35** 5. AGE: **54 YEARS** 6. DATE OF BIRTH: **FEBRUARY 24, 1967** 7. SEX: **MALE** 8. CITY, VILLAGE, OR TOWNSHIP OF DEATH: **RUSK (TOWN)** 9. COUNTY OF DEATH: **RUSK**

10. PLACE OF DEATH: **RESIDENCE OF DECEDENT** 11. ADDRESS OF DEATH: **W14775 PLEASANT RIDGE RD RUSK (TOWN)** 12. RESIDENCE ADDRESS: **W14775 PLEASANT RIDGE RD RUSK (TOWN)** 13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP: **RUSK** 14. RESIDENCE COUNTY: **RUSK** 15. RESIDENCE STATE: **WISCONSIN**

16. MARITAL STATUS: **MARRIED** 17. WI DOMESTIC PARTNERSHIP: **NO** 18. SURVIVING SPOUSE'S BIRTH NAME: **ANNMARIE SCAPARDINE** 19. STATE OF BIRTH: **ILLINOIS** 20. DECEDENT'S BIRTH LAST NAME: **KONVICKA**

21. FATHER'S BIRTH NAME: **WILLIAM LEO KONVICKA** 22. MOTHER'S BIRTH NAME: **LILLIAN CECILIA GREGUS**

23. INFORMANT'S NAME: **ANNMARIE KONVICKA** 24. INFORMANT'S MAILING ADDRESS: **W14775 PLEASANT RIDGE RD, WEYERHAEUSER, WI 54895**

25. NAME AND ADDRESS OF FUNERAL FACILITY: **NASH-JACKAN FUNERAL HOME INC, 125 WEST ARTHUR AVENUE, BRUCE, WI 54819** 26. FUNERAL DIRECTOR'S NAME: **COLE, JAMES B**

27. DATE SIGNED: **SEPTEMBER 09, 2021** 28. TYPE OF MEDICAL CERTIFIER: **CORONER/MEDICAL EXAMINER** 29. MEDICAL CERTIFIER'S NAME AND TITLE: **JUANITA OLSEN, DEPUTY MEDICAL EXAMINER** 30. DATE SIGNED: **SEPTEMBER 09, 2021**

31. DATE OF DEATH: **SEPTEMBER 07, 2021** 32. TIME OF DEATH (24hr): **07:30 (ESTIMATED)** 33. MEDICAL CERTIFIER'S MAILING ADDRESS: **311 MINER AVE E, LADYSMITH, WI 54848**

34. USUAL OCCUPATION: **NORTHERN REGIONAL OPS MANAGER** 35. KIND OF BUSINESS/INDUSTRY: **RENEWABLE ENERGY** 36. EVER IN US ARMED FORCES: **NO** 37. DECEDENT TRIBAL MEMBER TRIBE NAME(S): **NO**

38. MANNER OF DEATH: **NATURAL** 39. METHOD OF DISPOSITION: **CREMATION** 40. PLACE AND LOCATION OF DISPOSITION: **NORTHERN WISCONSIN CREMATION SERVICE LLC, LADYSMITH, WISCONSIN**

41. PART I. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last.  
Immediate Cause: (a) **CARDIOPULMONARY ARREST**  
Due to or as a consequence of: (b) **PRESUMED PNEUMONIA**  
Due to or as a consequence of: (c) **COVID-19**  
Due to or as a consequence of: (d) \_\_\_\_\_

Interval Between Onset and Death: **SUDDEN**  
**DAYS**  
**DAYS**

41. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. **HYPERTENSION; MORBID OBESITY**

42. AUTOPSY PERFORMED: **NO** 43. DATE OF INJURY: \_\_\_\_\_ 44. TIME OF INJURY (24hr): \_\_\_\_\_ 45. INJURY AT WORK: \_\_\_\_\_ 46. PLACE OF INJURY: \_\_\_\_\_

47. LOCATION OF INJURY: \_\_\_\_\_ 48. COUNTY OF INJURY: \_\_\_\_\_

49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED. \_\_\_\_\_



4114361

SEE REVERSE SIDE FOR AMENDMENTS  
I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

*Juanita Childs*  
LYNETTE CHILDS  
STATE REGISTRAR



**Filing status:**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)  
 Check only  If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>WILLIAM J</b>		Last name <b>KONVICKA</b>	Your social security number <b>327-70-5411</b>
If joint return, spouse's first name and middle initial <b>ANNEMARIE</b>		Last name <b>KONVICKA</b>	Spouse's social security number <b>356-70-4153</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>W14775 PLEASANT RIDGE RD</b>		Apt. no.	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>WEYERHAEUSER WI 54895-9788</b>			
Foreign country name	Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ here <input type="checkbox"/>
<b>Standard Deduction</b>	<b>Someone can claim:</b> <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien		

**Age/Blindness** You:  Were born before January 2, 1955  Are blind **Spouse:**  Was born before January 2, 1955  Is blind

Dependents (see instructions):		(2) Social security no.	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
JACOB	KONVICKA	395-21-2106	SON		
JOSHUA	KONVICKA	389-27-2742	SON	X	X

<b>Standard Deduction for-</b> • Single or Married filing separately, \$12,200 • Married filing jointly or Qualifying widow(er), \$24,400 • Head of household, \$18,350 • If you checked any box under Standard Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2				134,528
	2a	Tax-exempt interest	2a			
	3a	Qualified dividends	3a			
	4a	IRA distributions	4a			
	c	Pensions and annuities	4c			
	5a	Social security benefits	5a			
	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here				
	7a	Other income from Schedule 1, line 9				-7,736
	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>				126,792
	8a	Adjustments to income from Schedule 1, line 22				
	b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b>				126,792
9	<b>Standard deduction or itemized deductions</b> (from Schedule A)	9		24,400		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10				
11a	Add lines 9 and 10				24,400	
b	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0-				102,392	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2019)

<b>12a Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>12a</b>	14,243
<b>b</b> Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>	14,243
<b>13a</b> Child tax credit or credit for other dependents	<b>13a</b>	2,500
<b>b</b> Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>	4,000
<b>14</b> Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	10,243
<b>15</b> Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>	
<b>16</b> Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>	10,243
<b>17</b> Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	14,398

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instrs.

<b>a</b> Earned income credit (EIC)	<b>18a</b>	
<b>b</b> Additional child tax credit. Attach Schedule 8812	<b>18b</b>	
<b>c</b> American opportunity credit from Form 8863, line 8	<b>18c</b>	1,000
<b>d</b> Schedule 3, line 14	<b>18d</b>	
<b>e</b> Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>	1,000
<b>19</b> Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>	15,398

**Refund**

<b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>	5,155
<b>21a</b> Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>	5,155
<b>b</b> Routing number <u>091804723</u>	<b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b> Account number <u>302260</u>		

<b>22</b> Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>	
<b>Amount You Owe</b>	<b>23</b> Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>
<b>24</b> Estimated tax penalty (see instructions)	<b>24</b>	

**Third Party Designee** Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  **Yes. Complete below.**  **No.**

Designee's name ▶ **HRB TAX GROUP INC** Phone no. ▶ **715-234-2212** Personal identification number (PIN) ▶ **22602**

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <i>Lillian Konvicka</i>	Date 3-25-20	Your occupation LABOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. <i>Lillian Konvicka</i>	Date 3-25-20	Spouse's occupation AGENT	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. <b>715-642-0665</b>	Email address		

**Paid Preparer Use Only**

Preparer's name <b>LORI PEASE</b>	Preparer's signature	Date <b>03-25-2020</b>	PTIN <b>P00176082</b>	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ <b>HRB TAX GROUP INC</b>	Firm's address ▶ <b>800 S MAIN</b>		Phone no. <b>715-234-2212</b>	Firm's EIN <b>431871840</b>
Firm's address ▶ <b>RICE LAKE WI 54868</b>				

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information. Form **1040** (2019)

**SCHEDULE 1**  
(Form 1040 or 1040-SR)

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

WILLIAM J AND ANNEMARIE KONVICKA

Your social security number  
327-70-5411

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-7,736
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-7,736

**Part II Adjustments to Income**

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE 3**  
(Form 1040 or 1040-SR)

**Additional Credits and Payments**

OMB No. 1545-0074

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Attachment  
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

**WILLIAM J AND ANNEMARIE KONVICKA**

Your social security number

**327-70-5411**

**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	1,500
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credit. Attach Form 5695	5	
6	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	1,500

**Part II Other Payments and Refundable Credits**

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040 or 1040-SR) 2019

CLIENT COPY

OMB No. 1545-0008

REISSUED STATEMENT

d Control number	1 Wages, tips, other compensation 93620.06	2 Federal income tax withheld 9978.70
b Employer identification number (EIN) 25-1536159	3 Social security wages 94148.18	4 Social security tax withheld 5837.19
a Employee's social security number 327-70-5411	5 Medicare wages and tips 94148.18	6 Medicare tax withheld 1365.15

c Employer's name, address and ZIP code  
 WM RESOURCES INC.  
 AGENT FOR WM RENEWABLE ENERGY, LLC  
 1001 FANNIN STREET  
 HOUSTON TX 77002

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 Code C   132.86
12b Code D   528.12	12c Code DD   22906.20	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other		

e Employee's first name, initial, last name and suff.  
 WILLIAM J KONVICKA  
 WEST 14775 PLEASANT RIDGE ROAD  
 WEYERHAEUSER WI 54895

f Employee's address and zip code

2019 Form W-2	15 State Employer's state ID number	16 State wages, tips, etc.
	WI 036-0001491615-03	93620.06
	WI 036-0001491615-03	

Wage and Tax Statement

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Department of the Treasury - Internal Revenue Service

17 State income tax 5608.92	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

OMB No. 1545-0008

REISSUED STATEMENT

d Control number	1 Wages, tips, other compensation 93620.06	2 Federal income tax withheld 9978.70
b Employer identification number (EIN) 25-1536159	3 Social security wages 94148.18	4 Social security tax withheld 5837.19
a Employee's social security number 327-70-5411	5 Medicare wages and tips 94148.18	6 Medicare tax withheld 1365.15

c Employer's name, address and ZIP code  
 WM RESOURCES INC.  
 AGENT FOR WM RENEWABLE ENERGY, LLC  
 1001 FANNIN STREET  
 HOUSTON TX 77002

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C   132.86
12b Code D   528.12	12c Code DD   22906.20	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other		

e Employee's first name, initial, last name and suff.  
 WILLIAM J KONVICKA  
 WEST 14775 PLEASANT RIDGE ROAD  
 WEYERHAEUSER WI 54895

f Employee's address and zip code

2019 Form W-2	15 State Employer's state ID number	16 State wages, tips, etc.
	WI 036-0001491615-03	93620.06
	WI 036-0001491615-03	

Wage and Tax Statement  
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury - Internal Revenue Service

17 State income tax 5608.92	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

OMB No. 1545-0008

REISSUED STATEMENT

d Control number	1 Wages, tips, other compensation 93620.06	2 Federal income tax withheld 9978.70
b Employer identification number (EIN) 25-1536159	3 Social security wages 94148.18	4 Social security tax withheld 5837.19
a Employee's social security number 327-70-5411	5 Medicare wages and tips 94148.18	6 Medicare tax withheld 1365.15

c Employer's name, address and ZIP code  
 WM RESOURCES INC.  
 AGENT FOR WM RENEWABLE ENERGY, LLC  
 1001 FANNIN STREET  
 HOUSTON TX 77002

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code C   132.86
12b Code D   528.12	12c Code DD   22906.20	12d Code
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
14 Other		

e Employee's first name, initial, last name and suff.  
 WILLIAM J KONVICKA  
 WEST 14775 PLEASANT RIDGE ROAD  
 WEYERHAEUSER WI 54895

f Employee's address and zip code

2019 Form W-2	15 State Employer's state ID number	16 State wages, tips, etc.
	WI 036-0001491615-03	93620.06
	WI 036-0001491615-03	

Wage and Tax Statement  
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Department of the Treasury - Internal Revenue Service

17 State income tax 5608.92	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

a Employee's social security number 356-70-4153		OMB No. 1545-0008		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) 39-1218499		1 Wages, tips, other compensation 6251.48	2 Federal income tax withheld 748.56		
c Employer's name, address, and ZIP code TOWN OF RUSK - RUSK COUNTY, WI  N709 CTH F  CHETEK WI 54728		3 Social security wages 6251.48	4 Social security tax withheld 387.59		
		5 Medicare wages and tips 6251.48	6 Medicare tax withheld 90.65		
		7 Social security tips	8 Allocated tips		
d Control number		9	10 Dependent care benefits		
e Employee's name, address, and ZIP code ANNE KONVICKA W14775 PLEASANT RIDGE ROAD WEYERHAEUSER WI 4895		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b	
		14 Other		12c	
				12d	
15 State Employer's state ID number WI 036-1027273124-03	16 State wages, tips, etc. 6251.48	17 State income tax 260.28	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement  
 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

2019

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use



**Form W-2 Wage & Tax Statement 2019**  
**Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.**

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0008

a Employee's social security number 356-70-4153		1 Wages, tips, other compensation 34656.86		2 Federal income tax withheld 3669.51		
c Employer's name, address, and ZIP code Ansay & Associates, LLC 101 E. Grand Ave P.O. Box 180 Port Washington, WI 53074 USA		3 Social security wages 38192.03		4 Social security tax withheld 2367.91		
		5 Medicare wages and tips 38192.03		6 Medicare tax withheld 553.78		
		7 Social security tips 0.00		8 Allocated tips 0.00		
b Employer identification number (EIN) 27-1304628		9 Verification code 950E-C68F-DF20-0E23		10 Dependent care benefits 0.00		
e Employee's name, address, and ZIP code Annemarie Konvicka W14775 Pleasant Ridge Rd Weyerhaeuser, WI 54895		11 Nonqualified plans 0.00		13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		
		12 See instructions for box 12 D 3535.17		14 Other		
15 State WI	Employer's state ID No. 036102703328004	16 State wages, tips, etc. 34656.86	17 State income tax 1558.59	18 Local wages, tips, etc.	19 Local income tax	20 Locality name