

No.	Gen.	Num.	Paged	ROD
#2	✓	✓	✓	
dk Register of Deeds				

Fee: \$10.00 paid (check)

STATE OF NEBRASKA }
SALINE COUNTY } ss

Index No. 2017-00868

Entered in numerical index and filed on record, the 10 day of May 2017 at 8:26 o'clock A.M. and recorded in Book 78 of Misc. Page 16

[Signature]
County Clerk

** FROM & RETURN TO: Saline County Court, Court House, Wilber, NE 68465

**REAL ESTATE CERTIFICATE
IN THE COUNTY COURT OF SALINE COUNTY, NEBRASKA**

This is to certify that there is pending in the County Court of Saline County, Nebraska, a proceeding entitled IN THE MATTER OF THE ESTATE OF LLOYD A. KAHLE, DECEASED, Case No. PR16-72, in which proceeding the following described real estate is involved:

Part of the Southwest Quarter (SW ¼), Section Eleven (11), Township Eight (8) North, Range Three (3), East of the Sixth P.M. Saline County, Nebraska, containing approximately 141.54 acres more or less;

The Northwest Quarter (NW ¼) of Section Thirteen (13), Township Eight (8) North, Range Three (3), East of the Sixth P.M., Saline County, Nebraska;

The North Half (N ½) of the Southeast Quarter (SE ¼) of Section Fourteen (14), Township Eight (8) North, Range Three (3), East of the Sixth P.M., Saline County, Nebraska; and

The Northwest Quarter (NW ¼) of the Northwest Quarter (NW ¼), Section Fourteen (14), Township Eight (8) North, Range Three (3), East of the Sixth P.M., Saline County, Nebraska.

Dated this 9th day of May, 2017.



[Signature]
County Judge

FILED BY THE CLERK OF THE
SALINE COUNTY COURT ON

MAY 09 2017

WILBER, NEBRASKA

No.	Gen.	Num.	Paged	
#1	✓	✓	✓	
dk Register of Deeds				

From, Chg. and Return to:
City Bank & Trust Company
P. O. Box 288
Crete, NE 68333
Fee: \$11.50 Chg.

2012 00227

STATE OF NEBRASKA } ss
SALINE COUNTY

Entered in numerical index and filed on
record, the 8 day of February
2012 at 9:00 o'clock A.M. and recorded
in Book 72 of Misc Page 370-371

Janice K. Stueck
County Clerk

Attachment to the Death Certificate of Lois B. Kahle.

The Southeast Quarter of the Northeast Quarter (SE ¼ NE ¼) and the East Half of the Southwest Quarter (E ½ SW ¼) of the Northeast Quarter (NE ¼), of Section Fourteen (14), Township Eight (8), North Range Three (3) East of the Sixth P.M., Saline County Nebraska, containing 60 acres more or less;

Part of the Southwest Quarter (SW ¼), Section Eleven (11), Township Eight (8) North, Range Three (3), East of the Sixth P.M. Saline County, Nebraska, containing approximately 141.54 acres more or less;

Northwest Quarter (NW ¼) of the Northwest Quarter (NW ¼), Section Fourteen (14), Township Eight (8) North, Range Three (3), East of the Sixth P.M., Saline County, Nebraska;

North Half (N ½) of the Southeast Quarter (SE ¼) of Section Fourteen (14), Township Eight (8) North, Range Three, East of the Sixth P.M., Saline County, Nebraska; and

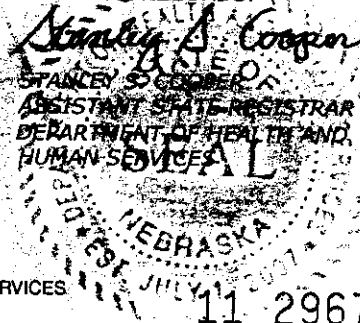
Northwest Quarter (NW ¼) of Section Thirteen (13), Township Eight (8) North, Range Three (3), East of the Sixth P.M., Saline County, Nebraska.

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

NOV 29 2011

LINCOLN, NEBRASKA



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

11 29675

1. DECEDENT'S-NAME (First, Middle, Last, Suffix) Lois B. Kahle			2. SEX Female		3. DATE OF DEATH (Mo., Day, Yr.) November 16, 2011	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Kramer, Nebraska			5a. AGE-Last Birthday (Yrs.) 73	5b. UNDER 1 YEAR MOB. DAYS	5c. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) November 15, 1938
7. SOCIAL SECURITY NUMBER 506-48-9573			6a. PLACE OF DEATH HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
6b. FACILITY-NAME (If not institution, give street and number) Tabitha Nursing Home			6c. CITY OR TOWN OF DEATH (Include Zip Code) Crete 68333			
6d. COUNTY OF DEATH Saline			9a. RESIDENCE-STATE Nebraska			
9b. COUNTY Saline			9c. CITY OR TOWN Dorchester			
9d. STREET AND NUMBER 1709 County Road BB			9e. APT. NO.	9f. ZIP CODE 68343	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. Lloyd Kahle			
11. FATHER'S-NAME (First, Middle, Last, Suffix) Harold L. Beck			12. MOTHER'S-NAME (First, Middle, Maiden Surname) Iona H. Hoppe			14b. RELATIONSHIP TO DECEDENT Spouse
13. EVER IN U.S. ARMED FORCES? Give dates of service if yes. (Yes, no, or unk.) No			14a. INFORMANT-NAME Lloyd Kahle		16c. DATE (Mo., Day, Yr.) November 21, 2011	
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)		18a. EMBALMER-SIGNATURE <i>[Signature]</i>	16b. LICENSE NO. 1250	16d. CEMETERY, CREMATORY OR OTHER LOCATION Lincoln Memorial Park		
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Kuncel Funeral Home 131 West 12th St. Crete, Nebraska			17b. Zip Code 68333			
18. PART I. Enter the <u>cause</u> of death—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. IMMEDIATE CAUSE: IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequitely 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						APPROXIMATE INTERVAL onset to death 4 years
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 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 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 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	
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 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.) Nov. 16, 2011			24a. DATE SIGNED (Mo., Day, Yr.)	24b. TIME OF DEATH m		
23b. DATE SIGNED (Mo., Day, Yr.) Nov. 17, 2011		23c. TIME OF DEATH 04:35 a.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>[Signature]</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>[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 checked="" type="checkbox"/> NO		
27. NAME, TITLE AND ADDRESS OF CERTIFIER (PHYSICIAN, PHYSICIAN ASSISTANT, CORONER'S PHYSICIAN OR COUNTY ATTORNEY) (Type or Print) Leon B. Jons, MD 969 East Hwy 33 Crete, Nebraska 68333						
28a. REGISTRAR'S SIGNATURE <i>Stanley S. Cooper</i>			28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) NOV 29 2011			

6	✓	✓	✓	✓
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2.1-WARRANTY-DEED

From & ret. to:
 Crosby, Pansing & Guenzel,
 Lincoln, Nebraska
 Fee: \$ 3.25 paid
 Doc. Stamp: \$ 82.50 paid
WARRANTY DEED

STATE OF NEBRASKA } ss
 SALINE COUNTY

Entered in numerical index and filed
 for record, the 17 day of July
 19 73 at 10 o'clock A.M. and record
 ed in Book 127 Deeds Page 24

Ray E. Housh
 County Clerk

ADAM JOHN KAHLE and ELVIA MARIE KAHLE, herein called the grantor whether one or more,
 in consideration of \$1.00 and other good and valuable consideration,
 received from grantee, does grant, bargain, sell, convey and confirm unto LLOYD A. KAHLE,

herein called the grantee whether one or more, the following described real property in

Saline County, Nebraska:

A part of the Southwest Quarter (SW $\frac{1}{4}$) of
 Section Eleven (11), Township Eight (8)
 North, Range Three (3) East, Saline County,
 Nebraska, being 140 Acres more or less in
 the Southwest portion of said Quarter.

NEBRASKA DOCUMENTARY
 STAMP TAX
 JUL 17 1973
 \$ 82.50 BY *Emy*

To have and to hold the above described premises together with all tenements, hereditaments
 and appurtenances thereto belonging unto the grantee and to grantee's heirs and assigns forever.

And the grantor does hereby covenant with the grantee and with grantee's heirs and assigns
 that grantor is lawfully seised of said premises; that they are free from encumbrance except
 easements and restrictions of record,

that grantor has good right and lawful authority to convey the same; and that grantor warrants and will
 defend the title to said premises against the lawful claims of all persons whomsoever.

Dated December 6, 19 72

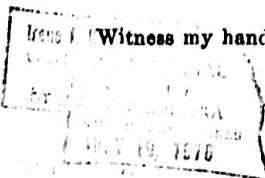
.....
Adam John Kahle

Elvia Marie Kahle

STATE OF NEBRASKA, County of Lancaster:

Before me, a notary public qualified for said county, personally came
 Adam John Kahle and Elvia Marie Kahle,

known to me to be the identical ~~persons~~ persons who signed the foregoing instrument and acknowledged
 the execution thereof to be ~~their~~ their voluntary act and deed.

Witness my hand and notarial seal on December 6, 19 72


James E. Hertzfeld Notary Public.
 My commission expires July 19, 19 76