PERSONAL REPRESENTATIVE'S DEED

LEONARD KASSIK, Personal Representative of the Estate of Joseph Kebrle, Deceased, Grantor, in consideration of ONE DOLLAR (\$1.00) AND OTHER VALUABLE CONSIDERATION, received from Grantee, HENRY J. ROHLA, FRANCES A. ROHLA and HENRY J. ROHLA, JR., as joint tenants with rights of survivorship and not as tenants in common, conveys to Grantee, the following described real property in Fillmore County, Nebraska:

East Half of the Southwest Quarter (E 1/2 SW 1/4) of Section Thirty-Six (36), Township Seven (7), Range Two (2), West of the Sixth Principal Meridian, Fillmore County, Nebraska

AND

Southeast Quarter (SE 1/4) of Section Thirty-Six (36), Township Seven (7), Range Two (2), West of the Sixth Principal Meridian, Fillmore County, Nebraska

subject to easements and restrictions of record.

Grantor covenants with Grantee that Grantor has legal power and lawful authority to convey the same.

EXECUTED: May 6, 1994

ESTATE OF JOSEPH KEBRLE, DECEASED

BY Jewel Dawl
LEONARD KASSIK

Personal Representative

STATE OF NEBRASKA)
) ss
COUNTY OF FILLMORE)

The foregoing instrument was acknowledged before me on b^{**} day of May, 1994, by LEONARD KASSIK, Personal Representative, Personal Representative of the Estate of Joseph Kebrle, Deceased.

NOTARY PUBLIC

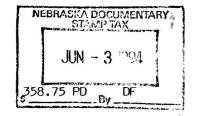
My Commission Expires: 1-21-98

GENERAL NOTARY: State of Bebraska JACK UNDERWOOD My Comm. Exp. Jon 23, 1998

Papeller ---

STATE OF NEBRASKA)
COUNTY OF FILLMORE)

Filed for record and entered in Numerical Index on June 3 , 1994 at 9:00 o'clock A.M., and recorded in Deed Record 78 at Page 271



COUNTY OR DEPUTY COUNTY CLERK REGISTER OR DEPUTY

REGISTER OF DEEDS

Jack Underwood Realty & Auction PD: \$5.50 Rev: \$358.75 mm Comb. 375

Return to: Henry Rohla

Rt 1

Milligan NE 68406

	RE Cards C. Map MF Xerox Paged	STATE OF NEBRASKA/FI Recorded this 30 day of Ma at 11:37 o'clock AM. and do Book 59 of MISC On Page Instrument No. 2018-00673 Chruy Chaon Recording Fees \$16.00 Totals Fees \$16.00	ay, 2018 uly recorded in 192 as
Please return to: Legacy Design Strategies Andrew C. Sigerson, P.C., I 9859 S. 168 th Ave. Omaha, NE 68136 (402) 505-5400	J.L.O.		омнования по при
CE	TITLE OF DOCU RTIFIED DEATH CERTIF		
	Transfer on Death Deed Life Estate	Joint Tenancy Other	

<u>Deed Record 78 Page 271</u> PREVIOUS DEED RECORDING INFORMATION

GRANTOR: Henry J. Rohla, Deceased

GRANTEE: Frances A. Rohla, and Henry J. Rohla, JR.

FULL & COMPLETE LEGAL DESCRIPTION: East Half of the Southwest Quarter (E $\frac{1}{2}$ SW $\frac{1}{4}$) of Section 36, Township 7, Range 2 West of the 6th P.M., Fillmore County, NE AND the Southeast Quarter (SE $\frac{1}{4}$) of Section 36, Township 7, Range 2 West of the 6th P.M., Fillmore County, Nebraska.

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STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE STATE OF NEBRASKA, IT CERTIFIES THE DOCUMENT 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

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

DATE OF ISSUANCE

4/13/2017

LINCOLN, NEBRASKA

Stanley D. Cooper STANLEY S. COOPER
ASSISTANT STATE REGISTRAN
DEPARTMENT HEALTH AND
HUMAN SERVICES



17 04650

			UE.	RTIFICATI	E OF D	DEATH			17 04650		
	1. DECEDENT'S-NAME (First, Middle,	Last, Suffi	x)		***************************************		2. SEX	3. DA	ATE OF DEATH (Mo., Day, Yr.)		
	Henry Joseph Rohla Sr						Male		oril 8, 2017		
3	4. CITY AND STATE OR TERRITORY, OR F	OREIGN COUNT	RY OF BIRTH	5a, AGE - Last E	Birthday	b. UNDER 1 YEAR	5c. UNDER 1 DA	AY . 6, D	ATE OF BIRTH (Mo., Day, Yr.)		
				(Yrs.)		MOS. DAYS	HOURS MIN	S.			
	Geneva, Nebraska			86					ctober 13, 1930		
	7. SOCIAL SECURITY NUMBER 8a. PLACE OF DEATH										
	508-32-0296 HOSPITAL ☐ Inpatient OTHER ☑ Nursing Ho								/LTC Hospice Facility		
~	8b. FACILITY-NAME (If not institution, give		☐ ER/Outpatient ☐ Decedent's Home								
Ö		DOA Other (Specify)									
Ω U	Tichtage Ordaniga —								<u>'</u>		
Ĕ	8c. CITY OR TOWN OF DEATH (Include Zi	p Code)		8d. COUNTY OF DEATH							
ä	Geneva 68361						Fillmore				
S.	9a. RESIDENCE-STATE	9b. COUN				Y OR TOWN					
Z	Nebraska	Fillme	ore		Mill	igan					
F.	9d. STREET AND NUMBER					9e. APT. N		DE	9g. INSIDE CITY LIMITS		
ρ̈́	2007 Highway 41 68406 ☐ YES ☑ NO										
eq	10a. MARITAL STATUS AT TIME OF DEATH 🔀 Married 🛘 Never Married 10b. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name										
ij.	☐ Married, but separated ☐ Widowe	d Divorced	Unknow	Frances	A Zum	pfe					
\$	11. FATHER'S-NAME (First, Middle,										
ete (Henry B Rohla				Elsi	e Krupicka					
ā	13, EVER IN U.S. ARMED FORCES? Give	dates of service it	f Yes. 14a.	INFORMANT-NAM	VIE.	and a Parker		141	. RELATIONSHIP TO DECEDENT		
ĕ	(Yes, No, or Unk.) Yes 02/16/195		- 1	ances Rohla				1	Vife		
ě		a. EMBALMER-SI		d		16b, LICENS	E NO.		c. DATE (Mo., Day, Yr.)		
To be completed/verified by: FUNERAL DIRECTOR	☑ Burdat ☐ Downtion							ı			
	V 0	Shaun P. Farn				1347			April 13, 2017		
	Removal Other (Specify)	d. CEMETERY, CF		K OTHER LOCAT	ION	CITY	Y / TOWN		STATE		
	"""" "	BML Crematio	n Service			Line	coln		Nebraska		
	17a. FUNERAL HOME NAME AND MAILING								17b. Zip Code		
	Farmer & Son Funeral Homes.	Inc., 242 N. 10	Oth Street, (Geneva, Nebra	aska				68361		
			UCE OF F	VEATU (Coo is		ons and examp					
27	18. PART I. Enter the chain of eventsdiseases, in								APPROXIMATE INTERVAL		
	respiratory arrest, or ventricular fibrillation w							ary.	APPROXIMATE INTERVAL		
	IMMEDIATE	CAUSE:							onset to death		
	IMMEDIATE CAUSE (Final a) Severe	Chronic Systo	olic Conges	tive Heart Fail	lure				Several Months		
	disease or condition resulting								1		
		R AS A CONSEQU	ENCE OF:						onset to death		
	Sequentially list conditions, if b)										
	any, leading to the cause listed										
	on line a.										
	DUE TO, OF	R AS A CONSEQU	ENCE OF:				~		onset to death		
	DUE TO, OF Enter the UNDERLYING CAUSE C)	R AS A CONSEQU	ENCE OF:				*~		onset to death		
	Enter the UNDERLYING CAUSE (c) (disease or injury that initiated the events resulting in death)	R AS A CONSEQU					- 1		onset to death		
	DUE TO, OF Enter the UNDERLYING CAUSE C) (disease or injury that initiated							-			
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST DUE TO, OF	R AS A CONSEQU	ENCE OF:						onset to death		
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST 18. PART II. OTHER SIGNIFICANT CONDITIONS DUE TO, OF	R AS A CONSEQU	ENCE OF:	to the death but n	not resultii	ng in the underlying	cause given in P	ART I. 1	onset to death		
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST DUE TO, OF	R AS A CONSEQU	ENCE OF:	to the death but n	not resultis	ng in the underlying	cause given in P	ART I. 1	onset to death WAS MEDICAL EXAMINER OR CORONER CONTACTED?		
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