

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 6th, 1994

ESTATE OF JOSEPH KEBRLE,
DECEASED

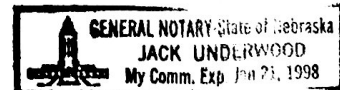
BY Leonard Kassin
LEONARD KASSIK
Personal Representative

STATE OF NEBRASKA)
) ss
COUNTY OF FILLMORE)

The foregoing instrument was acknowledged before me on 6th day of May, 1994, by LEONARD KASSIK, Personal Representative, Personal Representative of the Estate of Joseph Kebrle, Deceased.

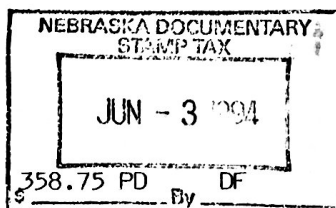
Jack Underwood
NOTARY PUBLIC

My Commission Expires: 1-21-98



STATE OF NEBRASKA)
) ss
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



Dorlene Tranter
COUNTY OR DEPUTY COUNTY CLERK
REGISTER OR DEPUTY
REGISTER OF DEEDS

Jack Underwood Realty & Auction PD: \$5.50 Rev: \$358.75

Return to: Henry Rohla
Rt 1
Milligan NE 68406

Per. DF
Ind. DF
G. Ind. DF
C. Ind. DF
M. Ind. DF
S. Ind. DF
R. Ind. DF

STATE OF NEBRASKA/FILLMORE COUNTY
Recorded this 30 day of May, 2018
at 11:37 o'clock AM. and duly recorded in
Book 59 of MISC On Page 192 as
Instrument No. 2018-00673 . By NC

RE Cards _____
C. Map _____
MF _____
Xerox _____
Paged _____

Amy Nelson
County Clerk

Recording Fees \$16.00
Totals Fees \$16.00

Please return to:
Legacy Design Strategies
Andrew C. Sigerson, P.C., L.L.O.
9859 S. 168th Ave.
Omaha, NE 68136
(402) 505-5400

TITLE OF DOCUMENT:
CERTIFIED DEATH CERTIFICATE FOR DEEDS

☐ Transfer on Death Deed ☒ Joint Tenancy
☐ Life Estate ☐ Other

Deed Record 78 Page 271
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 ½ SW ¼) of Section 36, Township 7, Range 2 West of the 6th P.M., Fillmore County, NE AND the Southeast Quarter (SE ¼) of Section 36, Township 7, Range 2 West of the 6th P.M., Fillmore County, Nebraska.

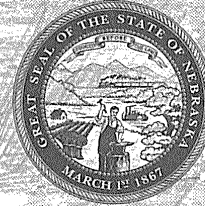
WHEN THIS COPY CARRIES THE RAISED SEAL OF THE STATE OF NEBRASKA, IT CERTIFIES THE DOCUMENT BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS

DATE OF ISSUANCE

4/13/2017

LINCOLN, NEBRASKA

STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT HEALTH AND
HUMAN SERVICES



STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

17 04650

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Henry Joseph Rohla Sr				2. SEX Male		3. DATE OF DEATH (Mo., Day, Yr.) April 8, 2017	
4. CITY AND STATE OR TERRITORY, OR FOREIGN COUNTRY OF BIRTH Geneva, Nebraska		5a. AGE - Last Birthday (Yrs.) 86		5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.		6. DATE OF BIRTH (Mo., Day, Yr.) October 13, 1930	
7. SOCIAL SECURITY NUMBER 508-32-0296		8a. 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)					
8b. FACILITY-NAME (If not institution, give street and number) Heritage Crossings		8c. CITY OR TOWN OF DEATH (Include Zip Code) Geneva 68361					
9a. RESIDENCE-STATE Nebraska		9b. COUNTY Fillmore		9c. CITY OR TOWN Milligan			
9d. STREET AND NUMBER 2007 Highway 41		9e. APT. NO.		9f. ZIP CODE 68406		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 Frances A Zumpfe			
11. FATHER'S NAME (First, Middle, Last, Suffix) Henry B Rohla				12. MOTHER'S NAME (First, Middle, Maiden Surname) Elsie Krupicka			
13. EVER IN U.S. ARMED FORCES? Give dates of service if Yes. (Yes, No, or Unk.) Yes 02/16/1953-02/16/1955				14a. INFORMANT-NAME Frances Rohla		14b. RELATIONSHIP TO DECEDENT Wife	
15. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		16a. EMBALMER-SIGNATURE Shaun P. Farmer		16b. LICENSE NO. 1347		16c. DATE (Mo., Day, Yr.) April 13, 2017	
16d. CEMETERY, CREMATORY OR OTHER LOCATION BML Cremation Service		CITY / TOWN Lincoln		STATE Nebraska			
17a. FUNERAL HOME NAME AND MAILING ADDRESS (Street, City or Town, State) Farmer & Son Funeral Homes, Inc., 242 N. 10th Street, Geneva, Nebraska						17b. Zip Code 68361	
CAUSE OF DEATH (See instructions and examples)							
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 (Final disease or condition resulting in death) a) Severe Chronic Systolic Congestive Heart Failure						onset to death Several Months	
DUE TO, OR AS A CONSEQUENCE OF: b)						onset to death	
DUE TO, OR AS A CONSEQUENCE OF: c)						onset to death	
DUE TO, OR AS A CONSEQUENCE OF: d)						onset to death	
18. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to the death but not resulting in the underlying cause given in PART I. Acute Renal Failure						19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> YES <input checked="" 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		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.) April 8, 2017		23b. DATE SIGNED (Mo., Day, Yr.) April 8, 2017		23c. TIME OF DEATH 08:58 AM		24a. DATE SIGNED (Mo., Day, Yr.)	
24b. TIME OF DEATH		24c. PRONOUNCED DEAD (Mo., Day, Yr.)		24d. TIME PRONOUNCED DEAD			
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) Jeffrey Hollis, MD		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)					
25. DID TOBACCO USE CONTRIBUTE TO THE DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PROBABLY <input checked="" 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) Jeffrey Hollis, MD, 1323 H Street, P.O. Box 268, Geneva, Nebraska, 68361							
28a. REGISTRAR'S SIGNATURE Stanley S. Cooper				28b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) April 10, 2017			