JOINT TENANCY WARRANTY DEED

lbert Michl, a single person,	GRANTOR, in consideration of
one Dollar and Other Valuable Consideration	received from GRANTEES,
ohn O. Hoffschneider and Patricia K. Hoffschneider	
· · · · · · · · · · · · · · · · · · ·	
conveys to GRANTEES, as joint tenants and not as tenants in common, the following descri 76-201):	bed real estate (as defined in Neb. Rev. Stat.
Lots 95 and 96, Block 17, Placek's Third Addition, Milligan, Fillmore County, Nebras	ska
	1
GRANTOR covenants (jointly and severally, if more than one) with GRANTEES that GRAN	
 is lawfully seised of such real estate and that it is free from encumbrances; sub restrictions of record; 	ject to easements and
(2) has legal power and lawful authority to convey the same;	
(3) warrants and will defend title to the real estate against the lawful claims of all pe	ersons.
EXECUTED	
	Ebert Michil
Albert Michl	Cherr my con-
Vipert Mich.	
STATE OF NEBRASKA)	
) SS. COUNTY OF Fillmore	
	2000, by
Albert Michl, a single person.	,
GENERAL NOTARY-State of Nebraska	1/0
JACK UNDERWOOD all	Gudlinoor
My Comm. Exp. Jan. 21, 2002 Notary Public	_
For Official Llos Only	
For Official Use Only	
John Hoffschneider NEBRASKA DOCUMENTARY STAMP TAX STATE OF	NEBRASKA, County Of Fillmore
1909 5 9001 Para 270/5	Post
Omaha NE 68127	D Co. A.
PD: \$6.00	O Oloon
Rev: \$10.50 PD \$ 10.50 BY DF Book 83	Ut Deeds Ull rage 205
Carol Vej	raska County Clerk
Davien	(frankfirth, Deputy
the state of the companies of the control of the co	
IOINT TENAN	CY WARRANTY DEED

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

MOV 12 1993 LINCOLN, NEBRASKA STANLEY S. COOPER, DIRECTOR BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA — DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

1 DECEDENT - NAME	FIRST	MIDDLE LA	Šī	2 SEX	3 DATE OF DE	ATH (Month, Day,	Year)
	ice	A. M	ichl	Fema	ale Octo	ber 26, 1	993
4 CITY AND STATE OF BIRTH IF NO		Sa AGE - Last Birthday	UNDER I YEAR	SC HOURS	1 DAY 6 DATE OF I	BIRTH (Month, Day,	Year)
	Nebraska	(Yrs.) 8 7	56 MOS DAYS	SC HOURS	Dec	ember 30	, 1905
7 SOCIAL SECURITY NUMBER	Ba PLACE O	F DEATH HOSPITAL X 10 In	patient ER/Outpate	ent 🗆 DO.	A		
505-14-3318		OTHER	☐ Residence ☐ C	Other (Specify)		Se. COUNTY OF I	SEATH.
Bb FACILITY - Name //f not in	estitution, give street and number)	& CITY, TOWN OR LO	CATION OF DEATH		8d INSIDE CITY LIMITS (Specify Yes or No)	Se. COUNTY OF	DEATH
Fillmore Cou	inty Hospital	Geneva			Yes		more
DE RESIDENCE - STATE	BE COUNTY	BC. CITY, TOWN OR LO	CATION		AND NUMBER (Including	Zip Code)	9e. INSIDE CITY LIMITS (Specify Yes or No) Yes
Nebraska	Fillmore	Milligan	The distance service	503	O Street	POUSE (If wife, giv	
10 RACE (e.g. White, Black, America etc.) (Specify) White	in Indian. 11 ANCESTRY (e.g. /Specify) Czecl	Rahan, Mexican, German, etc.)	12. MARRIED NEVER WIDOWED, DIVO Marrie	RCED (Specif	Alb	ert Michl	
148 USUAL OCCUPATION /Give kind		146 KIND OF BUSINESS INC	DUSTRY		15. EDUCATION Elementary or Secondar	(Specify only higher	college (1-4 or 5+)
of working life, even if retired) Homemaker	914	Own Home	JF1		11	,,,,,,,,,	
16 FATHER - NAME FIRST	MIDDLE	LAST	17. MOTHER - MAIDEN	NAME	FIRST	MIDDLE	LAST
Frank	NMI.	Jansky	-	J.	osephine	NMI.	Fujan
18 WAS DECEASED EVER IN U.S. A			- NAME - MAILING ADD		(STREET OR R.F.D.		
(Yes, no, or unk.) (If yes, give	war and dates of services]			bert M			Ne. 68406
20a BURIAL, Cremation, Removal,	20b. DATE	20c. CEMETERY OR CE	REMATORY - NAME		20d. LOCATION	CITY OR TO	JWN SIAIE
Donation Burial	October 29.	1993 Bohemian	National Ce	metery	Millig	gan, Nebr	aska
21 EMBALMEN - SIGNATURES LICE		22 FUNERAL HOME -	NAME AND ADDRESS		(STREET OR R.F.D. NO.		
1/1/20	Finne	Farmer	& Son, Inc	c., 242	North 10th	, Geneva	, NE 68361
23 IMMEDIATE CAUSE	(ENTER ONL	Y ONE CAUSE PER LINE FOR (8)	(b) AND (c))			i Interval	between onset and death
PART	Carl	in On	0 +			į	
DUE TO, OR AS A CONSEQU	IENCE OF					! Interval	between onset and death
DOE TO, ON AS A CONCESS	6.17	, F.				1	
DUE TO, OR AS A CONSEQU	ENCE OF: () () ()	$-\alpha$				I Interval	between onset and death
DUE TO, OH AS A CONSECU	Lideral	ostec U	nemi	in			
OTHER SIGNIFICANT CONDI	TIONS - Conditions contributing to	death but not related	PART III IF FEMALE. W	VAS THERE A	HS? (Specify Yes	or No. 25. WAS CA	SE REFERRED TO MEDICAL ER OR COBONER? Yes and TO
PART LALLAN	in Felling	دنه	Yes 🗆	No K	no	(Specify	Yes dono
268 ACCIDENT, SUICIDE, HOMICIDE		RY (Mo., Day, Yr.) 26c. HOUR C	F INJURY 26d. DE	SCRIBE NOV	V INJURY OCCURRED		
OR PENDING INVESTIGATION	(Specify)						
120	. PLACE OF INJURY - At home,	farm, street, factory,	26g. LOCATION	STREE	T OR R.F.D. NO.	CITY OR TOWN	STATE
26e INJURY AT WORK (Specify Yes or No)	office building, etc. (Specify)						
				ATE SIGNED	(Mo., Day, Yr.)	28b. TIME OF D	EATH
27a DATE OF DEATH (MC		7			•	100,000,000	
_	10-26-9:	5	To B Condidate of the Condidate of the Condidate of the Condition of the C	PONOLINCED	DEAD (Mo., Day, Yr.)	284 PRONOUN	CED DEAD (Hour)
27b. DATE SIGNED (Mo. 6)		OF DEATH	1 2 2 2 2 2 C. F.	HONOONOED	DEND (MO., Oay, 11.)	280 PHONOON	oco ocho (noor)
10-2	9-93 /	/ V7 u	2852				М.
27d To the best of my know	odge deeth occurred at the time.	date and place and due to the	200 O	n the basis of	examination and/or investi nd place and due to the ca	gation, in my opinior use(s) stated.	death occurred at
cause(s) stated.	I'm W al		0 -	ature and Titl	-0	,-,	
(Signature and Title)	E TO THE DEATH	308. HAS ORGAN OR TISSI				SENT GRANTED?	
29ª DID TOBACCO USE CONTRIBUT	.,	O YES				□ YES	D NO
U YES X NO	□ NNKNOMH		` ^				
31 NAME AND ADDRESS OF CERTIFI	_ ~	AA . \	BENEI	vx1,	Λ″٦		
\mathcal{L}	· FIHSNP-	MY A	PENE	, ,,,	326 DATE FILED BY F	ECICTOAD INC.	Day Yel
		11/ 1/			1320 DAIL FILLUBY F	TEUISTRAM (MO. C	·
32a REGISTRAR	// /	'Y //			l N	10 V + 6	194:
32a REGISTRAR	Stanley of	1. Proper			N	10/1/0	1997

Milligan

Albert Michl PO Box 131

Milligan NE 68406

Pd: \$6.00

STATE OF NEBRASKA, County of Fillmore:

November 3, 19 94

Filed for decord on November 3, 19 94

O'clock P M and record in Misc on Page 110

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Carol Vejraska County Clerk

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	EBRASKA, County	ofFil	0.35	Farmers & Merchants	
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tered	Register of Deed	ta	Ву	uty Register of Deeds	,110
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Changed 77	, ny maron dobon	umo. mhat V	N. Dawnard		
•	N BY THESE PRESE Barnard, husband			d the grantor whether one or more,	
	on of One Dollar				
			anyon and confirm	unto	
received from	grantees, does gran			unto	
		Michl and Albe	•	Al. A. Hamin - described weel	
as joint tenan	nts with right of su	rvivorship, and r	not as tenants in co	mmon, the following described real	
property in	Fillmore	Cou	inty, Nebraska:		
1	Lots numbered Ni	nety-five (95)	and Ninety-six	(96) in Block	
r	numbered Sevente	en (17) in Pla	cek's Third Add	ition to the	
	Village of Milli	gan, Fillmore	county, Nebraska	a, as the same	
	are shown on the	recorded plat	thereof.	NEBRASKA DOCUMENTARY.	7
			W	JUL 1 6 1974	
				2.2	
and appurtent of the survivo And a and assigns of	ances thereto belong or of them forever. grantor does hereby	ing unto the gran	itees and to their a	with all tenements, hereditaments assigns, or to the heirs and assigns the their assigns and with the heirs and premises; that they are free from	
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