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SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

RETURN TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFIED DEATH CERTIFICATE PURSUANT  
TO TRANSFER ON DEATH DEEDS**

DEED RECORDED:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RECORDING INFORMATION  
(Transfer on Death Deed Recorded)

GRANTOR: Nebraska Department of Health

\_\_\_\_\_  
(Deceased Person's Name)

GRANTEE: \_\_\_\_\_ (Deceased Person's Name)

\_\_\_\_\_  
(Surviving Grantees Listed on Recorded Deed)

\_\_\_\_\_  
\_\_\_\_\_

FULL & COMPLETE LEGAL DESCRIPTION:

(INCLUDE LEGAL DESCRIPTION ABOVE OR ATTACH LEGAL DESCRIPTION OTHER PAGE 2)