E-FILED 2016 OCT 03 4:27 PM FAYETTE - CLERK OF DISTRICT COURT

IN THE IOWA DISTRICT COURT, IN AND FOR FAYETTE COUNTY

CONNIE JEAN KRIENER as Executor of The MARVIN LUKE KRIENER ESTATE and CONNIE JEAN KRIENER, Individually, Plaintiffs,	)	CASE NO.: LACV054326
vs.	)	**MOTION TO CONTINUE**
URBAN KRIENER AND PATRICIA KRIENER, Defendants.	)	

COMES NOW, Plaintiffs Connie Jean Kriener as Executor of the Marvin Luke Kriener Estate and Connie Jean Kriener, Individually by counsel, Kevin E. Schoeberl states:

1) Case is currently set for trial on October 5, 2016. This is the first setting for this case.

2) Counsel for Plaintiffs is unable to attend due to medical issue involving his right eye that just arose on Sunday, October 2, 2016.

3) Counsel had a doctor appointment on October 3, 2016 with Dr. Chawla at Cresco Medical Clinic who diagnosed the medical issue as a contagious eye condition.

4) Doctor has recommended the undersigned not appear in court 10/3/2016 – 10/6/2016 due to the current medical issue. See attached medical note.

5) Counsel for Defendants has been advised of the current issue.

WHEREFORE, for above reasons, Counsel for Plaintiffs prays that the court continue trial.

Dated this 3rd day of October, 2016.

By: /s/ Kevin Schoeberl

Story, Schoeberl & Seebach L.L.P.
126 North Elm Street, PO Box 89
Cresco, IA 52136
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Regional Health Services
OF HOWARD COUNTY

Cresco Clinic
321 8th Ave West
Cresco, IA 52136
Phone 563-547-2022
Fax 563-547-4340

Lime Springs Clinic
101 West Main
PO Box 278
Lime Springs, IA 52155
Phone 563-566-2243
Fax 563-566-2674

EXCUSE SLIP

DOS: 10/3/16 2:40 pm Chawla, Mohit
Schoeberl, Kevin E 12/05/1958
MR #: 27104

_____

_____ IS UNDER MY CARE. HE/SHE

☑ Was seen in my office today.

☐ Is released to return to work on _____

☐ Is unable to return to work at this time because _____

☐ Is able to return to school on _____

☐ Is/is not able to participate in the physical education program at school _____

☐ Is pregnant and estimated date of confinement is _____

☐ Is in good physical health _____

☐ Surgery is scheduled for _____ and patient may return to work after _____ weeks.

Medications: _____

_____

Restrictions: Please Excuse Patient from Court appearance for 4 days 10/3/16 – 10/6/16 & Pls call our office for question

Other: _____

Signature _____

I:\Clinic\Clinic Forms