

AND WHEN RECORDED MAIL TO

Recorded at Request of
On JAN 23 1975 At 15 Min. Past 3 M
Official Records of Douglas County, Nevada. Fee 7.00

Patricia J. Stanley, Recorder. By [Signature]
Deputy

Name
Vera B. Hansen
Street Address
P.O. Box 124
City & State
Minden, Nevada

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit—Death of Joint Tenant

TO 426 CA (3-72)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF ~~CALIFORNIA~~ NEVADA

ss.

COUNTY OF Douglas

VERA B. HANSEN, formerly known as
VERA B. FLESHER,

of legal age, being first duly sworn, deposes and says:
That Harry Bert Flesher, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as Harry B. Flesher
named as one of the parties in that certain deed dated August 3, 1966,
executed by Harry B. Flesher
to Harry B. Flesher and Vera B. Flesher

as joint tenants, recorded as Instrument No. 33242, on August 4, 1966, in
book 42, page 718, of Official Records of Douglas
County, ~~California~~ Nevada, covering the following described property situated in the
Nevada, County of Douglas, State of ~~California~~ Nevada:

The Southeast 1/4 of the Southeast 1/4, and
the East 1/2 of the West 1/2 of the South-
east 1/4 of Section 29, Township 13 North,
Range 21 East, M.D.B. & M.

~~That the value of all real and personal property owned by said decedent at date of death, including the full value of
the property also described in the certificate of death, is \$~~

Dated January 20, 1975

[Signature]
Vera B. Hansen, formerly known as
Vera B. Flesher

SUBSCRIBED AND SWORN TO before me

this 22nd day of JANUARY, 1975

Signature [Signature]
DIXIE C. HARRIS

Name (Typed or Printed)
DIXIE C. HARRIS
Notary Public — State of Nevada
Douglas County
My Commission Expires Sept. 17, 1977



(This area for official notarial seal)

77813

Title Order No. 18054-F Escrow or Loan No. _____

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
SECTION OF VITAL STATISTICS
CARSON CITY, NEVADA 89701

STATE OF NEVADA—DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS

66-3067

REGISTRAR'S No. 1005 CERTIFICATE OF DEATH STATE FILE NO.

1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY Washoe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A. STATE Nevada B. COUNTY Douglas	
B. CITY, TOWN, OR LOCATION Reno		C. Length of stay ← in 1b 4 weeks	C. CITY, TOWN, OR LOCATION Minden
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Veterans Administration Center		D. STREET ADDRESS Box 124	
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) BERT (Last) FLESHER			4. DATE OF DEATH (Month) (Day) (Year) November 1, 1966
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18, 1897
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Constable		10B. KIND OF BUSINESS OR INDUSTRY Law Enforcement	11. BIRTHPLACE (State or foreign country) Pensboro, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Flesher (D)	
14. MOTHER'S MAIDEN NAME Grace Hudkins (D)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes-no, unknown) Yes	
16. SOCIAL SEC. NO. -44-54		17. INFORMANT ADDRESS VA Hospital Records	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Congestive Heart Failure			Interval between onset and death 6 weeks
DUE TO (B) Chronic Cor Pulmonale			5 years
DUE TO (C) Pulmonary Emphysema and Fibrosis			17 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)	
20C. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20E. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20F. CITY, TOWN, OR LOCATION COUNTY STATE			
21. VA attended the deceased from 10-3-66 to 11-1-66 and last saw (him) live alive on 11-1-66 Death occurred at 6:45 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22A. SIGNATURE G. S. WARNER, M.D.		22B. ADDRESS VA Center, Reno, Nevada	22C. DATE SIGNED 11-2-66
23A. BURIAL, CREMATION, REMOVAL (Specify)		23B. DATE 11-4-66	23C. LOCATION (City, town, or county) (State) Gardnerville Cemetery Gardnerville, Nevada
24. FUNERAL DIRECTOR EMBALMER'S LIC. NO. ADDRESS Walton Funeral Home 111 Reno		25. DATE REC'D BY LOCAL REG. Nov. 2, 1966	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

MEDICAL CERTIFICATION

I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE WITH THE SECTION OF VITAL STATISTICS, NEVADA DIVISION OF HEALTH.

Date Issued: JAN 10 1975

NOT VALID WITHOUT THE RAISED SEAL OF THE NEVADA DIVISION OF HEALTH

Jack Homeyer
JACK HOMEYER
Biostatistician
Chief, Section of Vital Statistics

By: *Ann Gussnicki*

