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Official Records of Douglas County, Nevada.

That the said JOHN ELLIS died on January 30, 1975 and that a certified copy of the death certificate of said decedent is attached hereto and marked as Exhibit A.

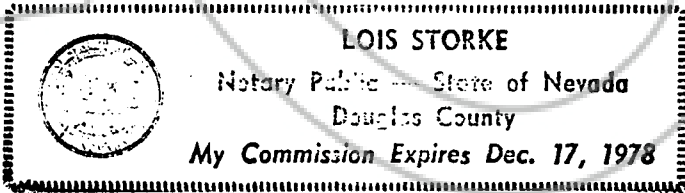
That the Affiants, NORMA ELLIS, DARWIN ELLIS and ELIZABETH ELLIS, by virtue of such survivorship became, have since been, and now are the owners of the equity interest in the real property above described.

DATED this 7th day of March, 1975.

Norma Ellis  
NORMA ELLIS  
Darwin K. Ellis  
DARWIN K. ELLIS  
Elizabeth Ellis  
ELIZABETH ELLIS

Subscribed and sworn to before me this 7th day of March, 1975.

Lois Storke  
Notary Public in and for the County of Douglas, State of Nevada.



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

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STATE OF NEVADA—DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

OR PRINT IN  
PERMANENT INK  
HANDBOOK FOR  
INSTRUCTIONS

DECEASED  
RESIDENCE  
DECEASED  
IF DEATH  
OCCURRED  
IN  
HOSPITAL,  
GIVE  
LOCATION,  
GIVE  
ADDRESS  
BEFORE  
DATE OF  
DEATH.

PARENTS

CAUSE

CERTIFIER

BURIAL

IN

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME FIRST MIDDLE LAST <b>John Robert Ellis</b>		2. SEX <b>Male</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>January 30, 1975</b>
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>	5a. AGE—LAST BIRTHDAY (YEARS) <b>76</b>	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Aug. 29, 1898</b>		7. COUNTY OF DEATH <b>Carson City</b>	
7b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Carson Tahoe Hospital</b>
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>California</b>	9. CITIZEN OF WHAT COUNTRY <b>USA</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Norma Dangberg</b>
12. SOCIAL SECURITY NUMBER <b>6105</b>		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Owner-Manager</b>	13b. KIND OF BUSINESS OR INDUSTRY <b>General Merchandising Stores</b>
14a. RESIDENCE—STATE <b>Nevada</b>	14b. COUNTY <b>Douglas</b>	14c. CITY, TOWN, OR LOCATION <b>Minden</b>	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>
14e. STREET AND NUMBER <b>7th &amp; Mono Sts.</b>			
15. FATHER—NAME FIRST MIDDLE LAST <b>John R. Ellis</b>		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Margaret Jones</b>	
17a. INFORMANT—NAME <b>Norma Dangberg Ellis</b>		17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>P.O. Box 36 Minden, Nevada 89423</b>	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE <b>239.9 (a) Metastatic Transitional cell carcinoma</b>			
DUE TO, OR AS A CONSEQUENCE OF:			
(b)			
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			19a. AUTOPSY (YES OR NO) <b>No</b>
			19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM MONTH DAY YEAR <b>May 1972</b>		21b. TO MONTH DAY YEAR <b>January 30, 1975</b>	21c. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR <b>1/30/75</b>
21d. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		21e. I DID/DID NOT VIEW THE BODY AFTER DEATH.	21f. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. HOUR <b>1:10a</b>
22a. CERTIFIER—NAME (TYPE OR PRINT) <b>Rex T. Baggett, M.D.</b>		22b. SIGNATURE <i>Rex T. Baggett</i>	22c. DEGREE OR TITLE <b>M.D.</b>
23a. MAILING ADDRESS—CERTIFIER <b>710 West Washington Blvd.</b>		23b. STREET OR R.F.D. NO., CITY OR TOWN <b>Carson City, Nevada</b>	23c. STATE ZIP <b>89701</b>
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	24b. CEMETERY OR CREMATORY—NAME <b>Garden Cemetery</b>	24c. LOCATION <b>Gardnerville, Nevada</b>	
24d. DATE (MONTH, DAY, YEAR) <b>Feb. 1, 1975</b>	24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Walton Funeral Home 1281 N Roop St Carson City, Nev.</b>		
25a. FUNERAL DIRECTOR—SIGNATURE <i>William P. Mills</i>	25b. REGISTRAR—SIGNATURE <i>Steve M. Kram</i>	25c. DATE RECEIVED BY LOCAL REGISTRAR <b>Feb. 3-1975</b>	

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: **FEB 13 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 Tsvanicki*



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