Joseph L. Nebe

AND WHEN RECORDED MAIL TO

Joseph L. Nebe 2 Bell Ranch Minden, Nevada 89423

Attidavit - Beath of Joint Cenant
NEVADA STATE OF CALIFORNIA County of
Certificate of Death, is the same person as Donna Mae Nebe named as one of the parties in that certain Deed dated June 13, 1963 executed by Joseph L. Nebe
to
The South one-half of the Southwest one-quarter (S\frac{1}{2}SW\frac{1}{4}) and the Northeast one-quarter of the Southwest one-quarter (NE\frac{1}{4}SW\frac{1}{4}) of Section 13, Township 13 North, Range 20 East, Mount Diablo Base and Meridan, Nevada, containing 120.00 acres according to the Official Plat of the Survey of said land on file in the Bureau of Land Management, United States Department of the Interior, described in United States Patent Number 1228558, issued to Joseph L. Nebe September 11, 1962.
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging, or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof, together with all water and water rights, ditch and ditch rights, used in connection therewith.
That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$54
Dated Describer 16, 1981 Describer L. Mile
SUBSCRIBED AND SWORN TO before me JOSEPH L. NEBE
this / day of Determine 1981 Signature W. EDWARD GARRETT Notary Public - State of Nevada Appointment Recorded In Carson City My Appointment Expires Sept. 2, 1985 (This area for official notarial seal)
Title Order No

LIBER 1281 PAGE 1472 Cowdery's Form No. 57—AFFIDAVIT—Death of Joint-Tenant: (FEB, 80)



DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES					
.450		DIVISION OF HEALTH SEC		01:005056	
	LOCAL FILE NUMBER	CERTIFICATE	OF DEATH	8 J : 005 056	
/PE PRINT		ddle Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH	
IN ANENT	, DONNA MAE	NEBE	2 November 7, 1981	3a. DOUGLAS	
K INK	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Nam		If Hosp or Inst Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
DENT	_{зы.} Minden	₃c II Bell Ranch	703-0003	3d 7	
	HACE—(e.g., White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday (Year	UNDER 1 YEAR UNDER 1 DAY DATE OF	BIRTH (Mo. Day, Yr) SEX Z	
	4a. White	American _{5a.} 41	56. Sc. sMarc	h 17, 1940 7Female	
ATH	STATE OF BIRTH (If not USA name country) California	OF WHAT COUNTRY MARRIED, NEVER M	50	US ARMED FORCES?	
:ED IN :TION	8	U.S.A. / (Specify) Marr		e (Specify Yes or No)	
DBOOK DING	SOCIAL SECURITY NUMBER USUAL Working	DCCUPATION (Give Kind of Work Done During Most Life, Even if Retired) HOUSEW1 Fe		GC 11	
ION OF E ITEMS		and the second s	14b Own Home	982-4	
→	RESIDENCE—STATE COUNTY 29. Nevada Doug	703 CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (Specify Yes of No)	
ļ	15e. 15b.	liec .	15d II Bell Ranch	15e NO	
ENTS	FATHER-NAME FIRST MAXON	R Porter, S	MOTHER—MAIDEN NAME First	Middle Last	
	16 INFORMANT—NAME (Type or Print)	MAILING ADDRESS	ISOla (Street or RFD. No., City or Town, State, Zip	Mae Barker	
	Joseph L. Nebe		1, Ranch, Minden, Nevada	•	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAM	The second secon	City or Town State	
ITION	Burial /	Lone Mountain		son City, Nevada	
	19a FUNERAL DIRECTOR - SIGNATURE (O) Person Acting			<u>-</u>	
		1	WALTON'S SPARKS FUNERA	AL HOME	
	208 Marla & flue	curred at the time_date and place and due to the	45 Sullivan Lane. Sparks	s, Nevada 89431	
	Cause(s) stated.	C. H. Pleas	time, date and place and due to the cause	e(s) stated.	
Ì	21a 10 the best of my knowledge, deals of cause(s) stated. (Signature and Tille) DATE SIGNED (Mo. Day Yr.) SECOND 21b NAME OF ATTENDING PHYSICIAN IF OTHER CONTROL OF STATE OF STAT	HOUR OF DEATH		OUR OF DEATH	
	5 2 21b 11-5-81	21c 2:59 P.M.	© 3 0 22b. 2		
IFIER	NAME OF ATTENDING PHYSICIAN IF OTH		PRONOUNCED DEAD (Mo., Day, Yr.)	RONOUNCED DEAD (Hour)	
	트팅 21d.	\	22d. ON 2	2e. AT	
	NAME AND ADDRESS OF CERTIFIER (PH)	SICIAN, MEDICAL EXAMINER OR CORONER) (Type	or Print)		
l	₂₃ John A, Shiel	ds (MD) 790 Willow St.	Reno, Nevada		
TIONS	REGISTRAR		DATE RECEIVED BY REGIS	TRAR (Mo., Day, Yr.)	
	24a (Signature)	Au He Deput	240 / (0) (0	2. 1981	
GAVE	25 IMMEDIATE CAUSE (ENTER ONLY ONE	CAUSE PER LINE FOR (a). (b), AND (of)		interval between onset and death	
JIATE JSE JG THE	PART (a) Hepatie	tailure	/	1 recks	
LYING	DUE TO, OR AS A CONSEQUENCE OF		1, 1	• Interval between onset and death	
71	1. 10) Lung Com	in metaffates	to bout live	works	
	DUE TO, OR AS A CONSEQUENCE OF		•	Interval between onset and death	
20.12	(c)			:	
	PART	ions contributing to death but not related to cause gi	ven in PART 1 (a) AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	
	\H			27. Yes	
_ \	ACC. SUICIDE, HOM, UNDET. DATE OF INJURY (MO, E OF PENDING INVEST	ay, Yr) HOUR OF INJURY DESCRIBE	HOW INJURY OCCURRED		
N	(Specify) 28a 28b	28c. M 28d.	C1955 00 5 5 0 1		
	(Specify Yes or No) etc. (S		STREET OR R.F.D. No. CITY OR	TOWN STATE	
,	28e 28i.	28g			
		/	SEX.	1 Nº 27223	

This is to certify that the above is a true and correct copy of the certificate on file in this office.

OFFICIAL RECORDS OF BOUGLAS CO. NEVADA

1981 DEC 30 PM 3: 06 SUZANNE BEAUDREAU

RECORPER ida State 63600 Meg. LIBER 1281 PAGE 1474