

AFFIDAVIT BY SURVIVING JOINT TENANT

State of Nevada)
County of Douglas) ss.

SUZANNE L. MARIOLLE being first duly sworn, deposes and says:
That affiant is the surviving spouse of GASTON L. MARIOLLE,
and that the affiant and the said GASTON L. MARIOLLE,
deceased, are the grantees in joint tenancy with the right of survivorship under a deed
of conveyance affecting the following described real property, situate in the County of
Douglas, State of Nevada, recorded in Book 474,
Page 295, Document No. 72669

Lot 3, Block E, as shown on the Map of Wildrose Subdivision No. 3, Unit No. 2,
filed in the office of the Recorder of Douglas County, State of Nevada, on June
29, 1972, as Document No. 60350.

That the said GASTON L. MARIOLLE, one of the joint
tenant grantees in said deed, died on the 6th day of May, 1982
in County of Washoe, State of Nevada.

That all interest in and to said real property vested absolutely in affiant, namely,
SUZANNE L. MARIOLLE as of the date of said decedent's death.

Suzanne L. Mariolle
Suzanne L. Mariolle

SUBSCRIBED and SWORN to before me this 21st day of May, 1982.



Margaret E Zinke
Notary Public

For Recorder Use

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

ROLL 52 IMAGE 197

670

TYPE OR PRINT IN PERMANENT BLACK INK
DECEDENT
 IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Gaston Louie MARIOLLE		2. May 6, 1982		3. Washoe	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)	
3b. Reno, Nevada		3c. VA Medical Center		3d. Yes	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE—Last Birth—(Years)	
4a. White		4b. French		5a. 87	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. France		9. U.S.A.		10. married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. 0093		14a. Self Employed		14b. Dry Cleaning	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Douglas		15c. Minden	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
16. Auguste Mariolle		17.		18d. 1592 Wildrose Dr	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. VA Medical Center Records		18b. 1000 Locust St., Reno, Nevada 89520			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Removal/Burial		19b. Fredricksburg Cemetery		19c. Fredricksburg, Calif.	
FUNERAL DIRECTOR—SIGNATURE (If human being as such)		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. WALTON'S SPARKS FUNERAL HOME 1745 Sullivan Lane, Sparks, Nevada 89431			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.			
(Signature and Title) <i>[Signature]</i> D. Simonson		(Signature and Title) <i>[Signature]</i>			
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. May 6, 1982		21c. 10:50 A.M.		22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)					
23. DAVID SIMENSON, M.D., VA Medical Center, 1000 Locust St., Reno, NV 89520					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>[Signature]</i> Dep.		24b. May 7, 1982		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Cardiac arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
Immediate					
(b) Hypoxia					
DUE TO, OR AS A CONSEQUENCE OF:					
2 days					
(c) Pulmonary edema - probable					
DUE TO, OR AS A CONSEQUENCE OF:					
2 days					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)	
PART II				28. NO	
ACC. SUICIDE, HONM UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28e.		28f.		28g.	
STREET OR R.F.D. No.		CITY OR TOWN		STATE	
28h.		28i.		28j.	

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Nº 35027

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THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY HEALTH DEPARTMENT, WASHOE COUNTY, NEVADA

ON

MAY 13 1982

SEAL

Mark J. [Signature]

REGISTRAR VITAL STATISTICS

Quentin [Signature]
DEPUTY REGISTRAR

THIS COPY IS REPRODUCED PHOTOGRAPHICALLY FROM MICROFILM RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE

REQUESTED BY

Suzanne L. Mariolle

IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

\$6.00 fee

1982 MAY 21 PM 2:52

SUZANNE BEAUDREAU
RECORDER

Carol J. Hart
Rep.

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