

RECORDING REQUESTED BY

EDITH M. REESE

AND WHEN RECORDED MAIL TO

NAME Edith M. Reese
 STREET ADDRESS 1360 Hematite Court
 CITY, STATE, ZIP Wellington, NV. 89444
 Accommodation #36082 M-T
 Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF NEVADA

County of Douglas

} ss.

Edith M. Reese

That Bert Charles Reese, of legal age, being first duly sworn, deposes and says:
 Certificate of Death, is the same person as Bert C. Reese, the decedent mentioned in the attached certified copy of
 named as one of the parties in that certain Deed dated August 21, 1979,
 executed by James Guy and Mary C. Guy
 to Bert C. Reese and Edith M. Reese, husband and wife
 as joint tenants, recorded as Instrument No. 37414, on October 5, 1979, in
 book 1079, page 435, of Official Records of Douglas
 County, Nevada, covering the following described property situated in the _____
 _____ County of Douglas, State of Nevada:


Lot 150, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, as
 filed in the office of the County Recorder of Douglas County, Nevada,
 on February 20, 1967.

Dated July 7, 1982

Edith M. Reese
 Edith M. Reese

SUBSCRIBED AND SWORN TO before me, the
 undersigned, a Notary Public in and for said County
 and State, this 8th day
 of July, 1982

C. Aceves
 Notary Public in and for said County and State

 C. ACEVES
 Notary Public — State of Nevada
 Douglas County
 My Commission expires Aug. 14, 1982

(This area for official notarial seal)

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last 1 Bert Charles REESE	DATE OF DEATH (Month, Day, Year) 2 February 17, 1982	STATE FILE NUMBER	COUNTY OF DEATH 3a Douglas
DECEDENT	1	CITY, TOWN, OR LOCATION OF DEATH 3b Gardnerville	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c Carson Valley EMHC	INSIDE CITY LIMITS (Specify Yes or No) 3d Yes	If Hosp. or Inst. indicate DOA, OP/Emor. (Specify) 3e Emer. Rm.
	4a	RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	ETHNIC 4b American	AGE—Last Birthday (Years) 5a 86	UNDER 1 YEAR MOS : DAYS 5b
PARENTS	4c	STATE OF BIRTH (If not U.S.A., name country) Nebraska	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	DATE OF BIRTH (Mo., Day, Yr.) 6 Feb. 11, 1896
	13	SOCIAL SECURITY NUMBER 3914	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Installer	KIND OF BUSINESS OR INDUSTRY 14b Telephone Communications	SEX 7 Male
DISPOSITION	15a	RESIDENCE—STATE Nevada	COUNTY 15b	CITY, TOWN, OR LOCATION 15c Wellington	STREET AND NUMBER 15d 1360 Hematite Crt
	16	FATHER—NAME First Middle Last James K. REESE	MOTHER—MAIDEN NAME First Middle Last Lena COLSTAD		
CERTIFIER	17a	INFORMANT—NAME (Type or Print) Mrs. Edith REESE	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 17b 1360 Hematite Court, Wellington, Nevada 89444		
	19a	BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	CEMETERY OR CREMATORY—NAME 19b Mt. View Crematory	LOCATION 19c Reno, Nevada	
CAUSE OF DEATH	20a	FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) <i>William P. ...</i>	NAME AND ADDRESS OF FACILITY 20b Walton Funeral Home 1281 N Roop St. Carson City, Nevada		
	21a	To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>William O'Shaughnessy MD</i> DATE SIGNED (Mo., Day, Yr.) 2-18-82		To be completed by Coroner's Office DATE SIGNED (Mo., Day, Yr.) 22c	
CAUSE OF DEATH	21b	HOUR OF DEATH 11:10 a.m.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d ON	
	21c	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) William O'Shaughnessy (MD) 1532 Hy # 395 Gardnerville, Nevada		PRONOUNCED DEAD (Hour) 22e AT	
CAUSE OF DEATH	23	REGISTRAR <i>William P. ...</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) Feb 19, 1982	DEATH DUE TO COMMUNICABLE DISEASE 24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24a	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Ventricular fibrillation		Interval between onset and death seconds	
CAUSE OF DEATH	24b	DUE TO, OR AS A CONSEQUENCE OF (a) Coronary vascular disease		Interval between onset and death years	
	24c	DUE TO, OR AS A CONSEQUENCE OF (c) Hypertensive Emphysema		Interval between onset and death	
CAUSE OF DEATH	25	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a) Hypertensive Emphysema		AUTOPSY (Specify Yes or No) 26 No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 No
	26	ALL SUICIDE, HOMICIDE, OR FETTERING INVEST (Specify) 26a	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d
CAUSE OF DEATH	27	INJURY AT WORK (Specify Yes or No) 27a		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 27b	LOCATION 27c
	28	STREET OR R.F.D. No. 28a		CITY OR TOWN 28b	STATE 28c

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

John H. Carr, M.D.

John H. Carr, M.D.
STATE REGISTRAR

Date Issued: _____

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.



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COPY

✓ REQUESTED BY
LAWYERS TITLE INS. CORP. for *Edith M. Reese*
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
B 6.000
1982 JUL -9 AM 9:35

SUZANNE BEAUDREAU
RECORDER

Betty Henderson
Dup

69227

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