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Kingston & Sare

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Kingston & Sare  
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95705

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# AFFIDAVIT DEATH OF JOINT TENANT

STATE OF NEVADA

COUNTY OF DOUGLAS

ss.

(Escrow No. ....)

William F. Ventura

of legal age, being first duly sworn, deposes and says:

THAT Esther Ventura

the decedent mentioned in the attached certified copy of

Certificate of Death, is the same person as is named as one of the parties in that certain quitclaim deed dated February 24, 1983, executed by Esther Ventura, a widow to William F. Ventura

as joint tenants, recorded as Instrument No. 078443 on April 1, 1983, in Book/Reel. 483 Page/Image 091, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada describing the following real property in the Idle Acres Subdivision, County of Douglas State of Nevada.

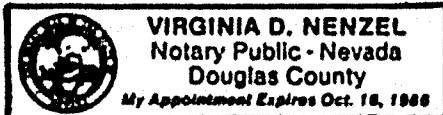
Lots 39 and 40, as shown on the Map of Idle Acres Subdivision, filed for record in the office of the county recorder of Douglas County, State of Nevada, on April 5, 1960 under Filing No. 15812.

THAT the total assets of the deceased at the time of death did not then exceed in value the sum of \$.....

Dated this 19 day of April, 1983

*William F. Ventura*  
WILLIAM F. VENTURA

SUBSCRIBED AND SWORN TO BEFORE ME



this 19<sup>th</sup> day of April, 1983  
Notary's Signature *Virginia D. Nenzel*

079235  
BOOK 483 PAGE 1730

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

ROLL 53 IMAGE 914 LOCAL FILE NUMBER 370

STATE FILE NUMBER  
 COUNTY OF DEATH  
 3a Washoe

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME First Middle Last  
 1a **Ether Amelia Ventura**  
 2 DATE OF DEATH (Month, Day, Year)  
 2a **March 12, 1983**  
 3b CITY, TOWN, OR LOCATION OF DEATH  
 3c **Reno**  
 3d HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)  
 3e **Washoe Medical Center**  
 3f INSIDE CITY LIMITS (Specify Yes or No)  
 3g **Yes**  
 3h WITH OR WITHIN INDICATE DOA, OP/Emar (See 10a) (Specify)  
 3i **Inpatient**  
 4a RACE—to g. White, Black, American Indian, etc) (Specify)  
 4b **White**  
 4c ETHNIC  
 4d **American**  
 4e AGE—Last Birthday (Years)  
 4f **76**  
 4g UNDER 1 YEAR  
 4h MONTH 4i DAY  
 4j HOURS 4k MINS  
 4l DATE OF BIRTH (Mo., Day, Yr.)  
 4m **April 11, 1906**  
 4n SEX  
 4o **Female**  
 5 STATE OF BIRTH (If not U.S.A., name country)  
 5a **California**  
 5b CITIZEN OF WHAT COUNTRY  
 5c **U.S.A.**  
 5d (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED)  
 5e **Widowed**  
 5f SURVIVING SPOUSE (If wife, give maiden name)  
 5g **11**  
 5h WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)  
 5i **No**  
 6 SOCIAL SECURITY NUMBER  
 6a **6521**  
 6b USUAL OCCUPATION (If one kind of work done during most of Working Life, Even if Retired)  
 6c **Homemaker**  
 6d KIND OF BUSINESS OR INDUSTRY  
 6e **14b**  
 7 RESIDENCE—STATE  
 7a **California**  
 7b COUNTY  
 7c **Eldorado**  
 7d CITY, TOWN, OR LOCATION  
 7e **South Lake Tahoe**  
 7f STREET AND NUMBER  
 7g **3358 Hobart Road**  
 7h INSIDE CITY LIMITS (Specify Yes or No)  
 7i **Yes**

PARENTS

8 FATHER—NAME First Middle Last  
 8a **Ivar Wendin**  
 8b MOTHER—MAIDEN NAME First Middle Last  
 8c **Amelia Peterson**  
 9 INFORMANT—NAME (Type or Print)  
 9a **William Ventura**  
 9b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  
 9c **P.O. Box 691, Minden, Nevada 89423**

DISPOSITION

10 BURIAL, CREMATION, REMOVAL, OTHER (Specify)  
 10a **Burial-Removal**  
 10b CEMETERY OR CREMATORY—NAME  
 10c **Holy Cross Cemetery**  
 10d LOCATION City or Town State  
 10e **San Mateo, California**  
 11 FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)  
 11a **R. Walker**  
 11b NAME AND ADDRESS OF FACILITY  
 11c **Ross Burke & Knobel 2155 Kietzke Lane Reno Nevada 89503**

CERTIFIER

12 To be completed by CERTIFYING PHYSICIAN  
 12a To the best of my knowledge, (as stated) at the time, date and place and due to the cause(s) stated  
 12b (Signature and Title) **Richard Priest, MD**  
 12c DATE SIGNED (Mo., Day, Yr.) **3/14/83**  
 12d HOUR OF DEATH  
 12e **0700**  
 12f NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  
 12g **Richard Priest, MD 1901711 St. Reno, Nev. 89501**  
 12h To be completed by Coroner or Officer  
 12i 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  
 12j (Signature and Title)  
 12k DATE SIGNED (Mo., Day, Yr.)  
 12l HOUR OF DEATH  
 12m PRONOUNCED DEAD (Mo., Day, Yr.)  
 12n PRONOUNCED DEAD (Hour)  
 12o ON  
 12p AT

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

CAUSE OF DEATH

13 REGISTRAR  
 13a (Signature) **Pauline Stan**  
 13b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  
 13c **March 14, 1983**  
 13d DEATH DUE TO COMMUNICABLE DISEASE  
 13e YES ( ) NO (X)  
 14 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))  
 14a PART I (a) **Cardiorespiratory Arrest**  
 14b DUE TO, OR AS A CONSEQUENCE OF:  
 14c **Pneumonia, Septicemia**  
 14d DUE TO, OR AS A CONSEQUENCE OF:  
 14e **Mass in Brain, Probable Tumor**  
 14f OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not reported as cause given in PART I (a)  
 14g **Unknown**  
 15 ACC. SURVIVE, NOM. UNDET. OR PUNING INVEST. (Specify)  
 15a **79a**  
 15b DATE OF INJURY (Mo., Day, Yr.)  
 15c HOUR OF INJURY  
 15d DESCRIBE HOW INJURY OCCURRED  
 15e **28 No**  
 15f INJURY AT WORK (Specify Yes or No)  
 15g **28b**  
 15h PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)  
 15i **28c**  
 15j LOCATION  
 15k STREET OR R.F.D. No.  
 15l CITY OR TOWN  
 15m STATE  
 15n **28d**  
 16 AUTOPSY (Specify Yes or No)  
 16a **28 No**  
 17 WAS CASE REFERRED TO CORONER (Specify Yes or No)  
 17a **28 No**

VITAL RECORDS

079235 N° 37226  
 BOOK 483 PAGE 1731

037442

FROM THE VITAL STATISTICS  
RECORDS OF THE WASHOE COUNTY  
DEPARTMENT OF HEALTH SERVICES

ON **SEAL**

MAR 16 1983

*Wahl 7d*

REGISTRAR-VITAL STATISTICS

*Quintel Shen*  
DEPUTY REGISTRAR

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COLOR OR APPEARANCE

REQUESTED BY

*Kingston & Lane*

IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

\$ 6.00 PD

1983 APR 29 AM 10: 55

SUZANNE BEAUDREAU  
RECORDER

*Carol J. Clark* 079235  
Dep. BOOK 483 PAGE 1732