

1 Blank on the aforementioned Joint tenancy deed are the same person
2 and the said Walter Franklin Blank died on April 5, 1984 at
3 Reno, Washoe County, Nevada, all as more fully described in said
4 Certificate of Death attached hereto.

5 5. That under and by virtue of the laws of the State of
6 Nevada, all of the interest of said Walter Franklin Blank aka
7 Walter F. Blank in the said property described in the above
8 deed vested in affiant, Jennie L. Blank, upon the death of the
9 said Walter Franklin Blank and upon his said death, the interest
10 of said Walter Franklin Blank in the said land and improvement
11 thereupon terminated.

12 Dated this 18th day of April, 1984.

13 *Jennie L. Blank*
14 _____
15 JENNIE L. BLANK

16 Subscribed and sworn to before
17 me this 18th day of April, 1984.

18 *Cindy M. Jeffery*
19 _____
20 Notary Public



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

ROLL 56 IMAGE 138

LOCAL FILE NUMBER 501

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK
 DECEASED
 IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING LIMITATION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

DECEASED—NAME 1. Walter Franklin BLANK			DATE OF DEATH (Month, Day, Year) 2. April 5, 1984		COUNTY OF DEATH 3a. Washoe
CITY, TOWN, OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. Washoe Medical Center		INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes	If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4a. White	ETHNIC 4b. American	AGE—Last Birthday (Years) 5a. 64	UNDER 1 YEAR MOS : DAYS 5b. :	UNDER 1 DAY HOURS : MINS 5c. :	DATE OF BIRTH (Mo., Day, Yr.) 6. July 2, 1919
STATE OF BIRTH (If not U.S.A., name country) 8. Michigan	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married		SURVIVING SPOUSE (If w/w, give maiden name) 11. Jennie Jensen	
GENERAL SECURITY NUMBER 13. 2994	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Painter		KIND OF BUSINESS OR INDUSTRY 14b. Construction		
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Stateline	STREET AND NUMBER 15d. 255 Chimney Rock		INSIDE CITY LIMITS (Specify Yes or No) 15e.
FATHER—NAME 16. Herbert A. Blank			MOTHER—MAIDEN NAME 17. Ruth Cheeseman		
MARRIAGE—NAME (Type or Print) 18a. Jennie Blank			MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P. O. Box 3287, Stateline, Nevada 89449		
MARRIAGE—NAME (Type or Print) 19a. Removal/Burial		CEMETERY OR CREMATORY—NAME 19b. Forest Lawn Cemetery		LOCATION City or Town State 19c. Hollywood Hills, California	
MARRIAGE—NAME (Type or Print) 20a. David H. Blank		NAME AND ADDRESS OF FACILITY 19d. 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. (Signature and Title) Paul S. Clark MD DATE SIGNED (Mo., Day, Yr.) 21b. 4/6/84			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) Paul S. Clark MD DATE SIGNED (Mo., Day, Yr.) 22b.		
21c. HOUR OF DEATH 10:00 P.M.			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) PAUL S. CLARK MD, 850 Mill St Reno, NV 89502			22e. AT		
REGISTRAR 24a. (Signature) Melissa J Watt Dep.			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 6, 1984		DEATH DUE TO COMMUNICABLE DISEASE 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) Septic Shock DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death 6 hours	
(b) Intra-Abdominal Abscess - Post-OP DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death 3 1/2 wks	
(c)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 26.	
Renal Failure, liver failure,				27. WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

VITAL RECORDS

099819

Nº 44339

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FROM THE VITAL STATE DEPT.
RECORDS OF THE WASH. COUNTY

OH: APR 12 1984

Michael Ford

REGISTRAR-VITAL STATISTICS

BY: *Melissa G. Watt*
DEPUTY REGISTRAR

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

SEAL

COPY

REQUESTED BY
Jennie Blank
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
\$8.00 pd.
1984 APR 23 AM 9:01

SUZANNE BEAUDREAU
RECORDER

Carol Whit
Dep

099819
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