

WHEN RECORDED,  
PLEASE MAIL THIS INSTRUMENT TO

✓ MR. TRUMAN SUNKEL  
Post Office Box 964  
Zephyr Cove, Nevada 89448

Order No. \_\_\_\_\_  
Escrow No. \_\_\_\_\_  
Loan No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,  
County of El Dorado

ss.

TRUMAN SUNKEL

\_\_\_\_\_, of legal age, being first duly sworn, deposes and says:  
That LEONA SUNKEL \_\_\_\_\_, the decedent mentioned in the attached certified copy of

Certificate of Death is the same person as LEONA SUNKEL, \_\_\_\_\_  
named as one of the parties in that certain Deed \_\_\_\_\_ dated August 31, 1965

executed by LAKERIDGE ESTATES, INC., a Nevada corporation

to TRUMAN SUNKEL and LEONA SUNKEL, husband and wife,

as joint tenants, recorded as Instrument No. 29353 on September 3, 1965,

Book 34, Page 211 of Official Records of Douglas County, ~~El Dorado~~ Nevada,

covering the following described property situated in the County of Douglas, State of ~~El Dorado~~ Nevada,

Lot 25 as shown on the map of Lakeridge Estates No. 1, filed in the office of the  
County Recorder of Douglas County, Nevada, on February 23, 1959, as Document No.  
14083.

Reserving however, unto the owners of Lots 20, 21, 22, 23, and 24, the use of the  
existing roadway along the Northerly side of Lot 25 for the purpose of providing  
ingress and egress to said lots. Parties covenant and agree that said roadway  
shall at no time be obstructed or the use of it impaired.

Dated: August 14, 1986

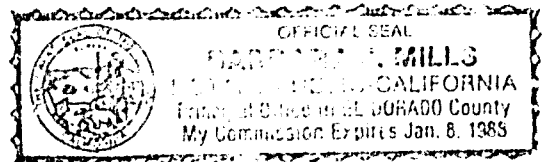
*Truman Sunkel*  
TRUMAN SUNKEL

SUBSCRIBED AND SWORN TO before me, the  
undersigned a Notary Public in and for said State,

this 14th day of August, 1986

WITNESS my hand and official seal.

Signature *Barbara J. Mills*  
Barbara J. Mills



Name (Typed or Printed)

(This area for official notarial seal)

139133  
BOOK 886 PAGE 1583  
Form 1150 (12-64)

# 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		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1 Leona Mary SUNKEL		2 July 10, 1986	
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
3b Carson City		3a Carson City	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)	
3c Carson-Tahoe Hospital		3d Yes	
RACE—(a.g. White, Black, American Indian, etc) (Specify)		ETHNIC	
4a White		4b American	
AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS	
5a 82		5b :	
UNDER 1 DAY HOURS : MINS		DATE OF BIRTH (Mo., Day, Yr.)	
5c :		6 Nov. 11, 1903	
SEX		SURVIVING SPOUSE (If wife, give maiden name)	
7 Female		11 Truman Sunkel	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
8 Oklahoma		9 USA	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		KIND OF BUSINESS OR INDUSTRY	
10 Married		14b Homemaking	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13 -0557		14a Housewife	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a Nevada		15c Zephyr Cove	
COUNTY		STREET AND NUMBER	
15b Douglas		15d 1255 Tamarack Blv	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last	
15e		16 Samuel TURNER	
MOTHER—MAIDEN NAME First Middle Last		17 Fannie JOHNSON	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a Truman Sunkel		18b P.O. Box 964 Zephyr Cove, Nevada 89448	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a Cremation		19b Sierra Crematory	
LOCATION City or Town State		19c Reno Nevada	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a		20b Waltons Funeral Home, 1281 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.		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>Jan. S. Baggett, MD</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b 7/10/86		22b	
HOUR OF DEATH		HOUR OF DEATH	
21c 0045		22c	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d		22d ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		PRONOUNCED DEAD (Hour)	
23 Rex T. Baggett, MD 710 W. Washington St. Carson City, Nevada 89701		22e AT	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a (Signature) <i>Lisa M. Douglas</i>		24b July 10, 1986	
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))		Interval between onset and death	
PART I (a) Myocardial infarction - Cardiogenic shock		Interval between onset and death	
(b) Arteriosclerotic heart disease		Interval between onset and death	
(c) OTHER SIGNIF. CANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
PART II		AUTOPSY (Specify Yes or No)	
26 No		27 No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		28a	
28a		28b	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b		28c	
DESCRIBE HOW INJURY OCCURRED		28d	
28e		28f	
PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		LOCATION	
28f		28g	
STREET OR R.F.D. No.		CITY OR TOWN	
28g		28h	
STATE		28i	

No 57251

VITAL RECORDS

70

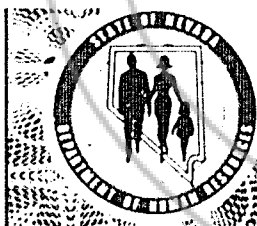
This is to certify that the above is a true and correct copy of the certificate on file in this office.

By: *[Signature]*  
Deputy Registrar

Date Issued: AUG 6 1986

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

139133 BOOK 886 PAGE 1584



COPY

REQUESTED BY  
Truman Sunkel  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

'86 AUG 15 A11 :36

SUZANNE BEAUDREAU  
RECORDER

\$ 7.00 PAID. hr DEPUTY

**139133**  
BOOK **886** PAGE **1585**