

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
State

502 GREEN LANE
Redondo Beach, CA
90275

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit — Death of Joint Tenant

NEVADA
STATE OF CALIFORNIA

County of DOUGLAS SS.

ROBERT W CHIDSEY, of legal age, being first duly sworn, deposes and says:
That WILLIAM R CHIDSEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM R CHIDSEY named as one of the parties in that certain GRANT BARGAIN & DEED dated 13 FEB 79 executed by MATTHEW JOSEPH TELLES & MARIE E TELLES to WILLIAM R CHIDSEY & ROBERT W CHIDSEY as joint tenants, recorded as Instrument No. 30014, on 16 FEB 1979 in book 279, page 1056, of Official Records of DOUGLAS County, ~~California~~, covering the following described property situated in the _____, County of DOUGLAS State of ~~California~~ NEVADA.

NEVADA

Robert W Chidsey
ROBERT W CHIDSEY

I declare under penalty of perjury, under the laws of the State of California, that the above statement is true and correct and within my personal knowledge.

ROBERT W CHIDSEY

Robert W Chidsey

STATE OF NEVADA
COUNTY OF DOUGLAS

On this 29th day of January 19 87, before me, Linda L. Slater the undersigned Notary Public, personally appeared _____

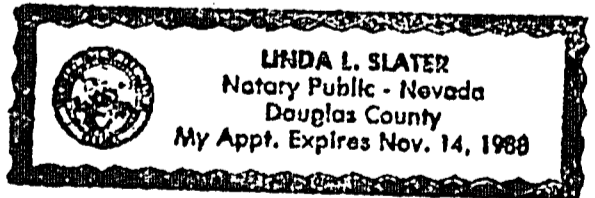
Robert W Chidsey

- () Personally known to me
- (x) Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument, and acknowledged that he executed it.

WITNESS my hand and official seal.

Linda L. Slater
Notary's Signature 149193

BOOK 187 PAGE 2696



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 62 IMAGE 516

16

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 1 William R. CHIDSEY			STATE FILE NUMBER DATE OF DEATH (Month, Day, Year) 2 January 3, 1987		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 St. Mary's Hospital		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 69	UNDER 1 YEAR MOS : DAYS 5b :	UNDER 1 DAY HOURS : MINS 5c :	DATE OF BIRTH (Mo., Day, Yr.) 6 Sept. 1, 1917	SEX 7 Male
STATE OF BIRTH (If not U.S.A., name country) 8 New York	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Widowed		SURVIVING SPOUSE (If wife, give maiden name) 11.		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 no
SOCIAL SECURITY NUMBER 13 [REDACTED]-1558		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a Repairs (ret.)		KIND OF BUSINESS OR INDUSTRY 14b National Cash Register		
RESIDENCE—STATE 15a Nevada	COUNTY 15b Douglas	CITY, TOWN, OR LOCATION 15c Wellington		STREET AND NUMBER 15d 1380 Albite Road	INSIDE CITY LIMITS (Specify Yes or No) 15e no	
FATHER—NAME First Middle Last 16 Charles Chidsey			MOTHER—MAIDEN NAME First Middle Last 17 Ida Roy			
INFORMANT—NAME (Type or Print) 18a Robert W. Chidsey			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b 502 Green Lane, Redondo Beach, CA 90278			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—NAME 19b Lone Mountain Cemetery		LOCATION City or Town State 19c Carson City Nevada		
FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such) 20a [Signature]		NAME AND ADDRESS OF FACILITY 20b FitzHenry's Funeral Home and Crematory 833 N. Edmonds Drive, Carson City, Nevada 89701				
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) [Signature] DATE SIGNED (Mo., Day, Yr.) [Signature]			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) [Signature] DATE SIGNED (Mo., Day, Yr.) [Signature]			
21b Jan. 6, 1987		21c 3:25 A.M.		22b.		22c.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d			22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
23 Steven Schiff, M. D., 236 West 6th Street, Reno, Nevada 89503			22d. ON			22e. AT
REGISTRAR 24a (Signature) [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b January 6, 1987		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) Prostate Ca			Interval between onset and death			
DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death			
(b) Subdural Hematoma			Interval between onset and death			
DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death			
(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 NO		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 NO
ACCIDENT, HGM UNDET. OR PENDING INVEST (Specify) 28a	DATE OF INJURY (Mo., Day, Yr.) 28b	HOUR OF INJURY 28c M		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. 28h	CITY OR TOWN 28i	STATE 28j

VITAL RECORDS

SEAL

Nº 67644

149193

BOOK 187 PAGE 2697

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

PROPERTY

THIS COPY IS REPRODUCED
EXACTLY AS IT APPEARED
IN THE ORIGINAL RECORDS AND
MAY BE SUBJECT TO CHANGE IN
COLOR OR APPEARANCE

[Signature]
DEPUTY RECORDER

[Signature]

ON JAN 22 1987

SEAL

REQUESTED BY
P. Chidsey
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'87 JAN 29 P3:18

SUZANNE BEARDHEAD
RECORDER

\$ 7.00 PAID *[Signature]* DEPUTY **149193**
BOOK **187** PAGE **2698**