

STATE OF NEVADA
COUNTY OF DOUGLAS

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ss.
) THIS DOCUMENT IS RECORDED AS AN ACCOMODATION ONLY and without liability for the consideration therefor, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

MARGUERITE H. FUNK, a widow of legal age, being first duly sworn, deposes and says:

THAT WILTON E. FUNK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILTON E. FUNK named as one of the parties in that certain Joint Tenancy Deed dated July 31, 1969, executed by INVESTMENT ASSOCIATES, INC., a Nevada corporation to WILTON E. FUNK and MARGUERITE H. FUNK, husband and wife as joint tenants, recorded as Instrument No. 74562 on August, 1974, in book 874, page 61, of Official Records of Douglas County, Nevada, covering the following described property situated in the (unincorporated area) County of Douglas State of Nevada:

Lot 23, as shown on the map of KINGSLANE UNIT NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on December 26, 1968, under File No. 43243.

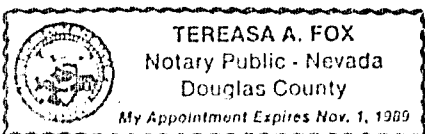
THAT the said decedent, WILTON E. FUNK is one of the joint tenant grantees in that certain said Joint Tenancy Deed and that all interest in and to said real property is vested absolutely in affiant, namely MARGUERITE H. FUNK.

Dated March 20, 1987

Marguerite H. Funk
Marguerite H. Funk

SUBSCRIBED AND SWORN TO before me this 20th day of MARCH 1987.

Signature [Signature]
TEREASA A. FOX
Name (typed or printed)



AFTER RECORDING MAIL TO:
Marguerite H. Funk
P.O. Box 294
Gardnerville, Nevada 89410

151875

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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 63 IMAGE 10

	LOCAL FILE NUMBER 457		STATE FILE NUMBER	
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First: Wilton Middle: E. Last: FUNK		2. DATE OF DEATH (Month, Day, Year) March 15, 1987	
	3a. CITY, TOWN, OR LOCATION OF DEATH Reno		3b. COUNTY OF DEATH Washoe	
DECEDENT	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) VA Medical Center		3d. INSIDE CITY LIMITS (Specify Yes or No) yes	
	3e. If Hosp. or Inst. indicate DOA, OP/Emer Rm. Inpatient (Specify) Inpatient			
IF DEATH OCCURRED IN INSTITUTION SEE HANGENCK REGARDING COMPLETION OF RESIDENCE ITEMS	4a. RACE—(e.g. White, Black, American Indian, etc) (Specify) White	4b. ETHNIC	5a. AGE—Last Birthday (Years) 68	5b. UNDER 1 YEAR MOS : DAYS :
	5c. UNDER 1 DAY HOURS : MINS :	6. DATE OF BIRTH (Mo., Day, Yr.) May 13, 1918	7. SEX Male	
PARENTS	8. STATE OF BIRTH (If not U.S.A., name country) California		9. CITIZEN OF WHAT COUNTRY U.S.A.	
	10. SOCIAL SECURITY NUMBER 6294		11. SURVIVING SPOUSE (If wife, give maiden name) Marquerite H. Michael	
DISPOSITION	12. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Equipment Operator		13. KIND OF BUSINESS OR INDUSTRY Highways	
	14a. RESIDENCE—STATE Nevada		14b. RESIDENCE—CITY, TOWN, OR LOCATION Gardnerville	
CERTIFIER	15a. COUNTY Douglas		15b. STREET AND NUMBER 1246 Kings Lane, #23	
	15c. INSIDE CITY LIMITS (Specify Yes or No) yes			
CAUSE OF DEATH	16. FATHER—NAME First: Elmore Middle: Mickey Last: Funk		17. MOTHER—MAIDEN NAME First: Alma Middle: Knipe	
	18a. INFORMANT—NAME (Type or Print) Marquerite Funk		18b. MAILING ADDRESS P.O. Box 294, Gardnerville, Nevada 89410	
CAUSE OF DEATH	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Lone Mountain Cemetery	
	19c. LOCATION City or Town: Carson City State: Nevada			
CAUSE OF DEATH	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home and Crematory	
	20c. 833 N. Edmonds Drive, Carson City, Nevada 89701			
CAUSE OF DEATH	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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) March 16, 1987		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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) March 16, 1987	
	21b. HOUR OF DEATH 1345		22b. HOUR OF DEATH	
CAUSE OF DEATH	21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo., Day, Yr.)	
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) RODNEY GONG, M.D., 1000 Locust Street, Reno, Nevada 89520		22d. PRONOUNCED DEAD (Hour) ON	
CAUSE OF DEATH	23. REGISTRAR <i>[Signature]</i> Dep.		24. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 16, 1987	
	24c. DEATH DUE TO COMMUNICABLE DISEASE NO			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		26. INTERVAL BETWEEN ONSET AND DEATH	
	PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:		Immediate	
CAUSE OF DEATH	(b) Squamous Cell Lung Carcinoma DUE TO, OR AS A CONSEQUENCE OF:			
	(c) Malnutrition			
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Abdominal Aortic Aneurysm		27. AUTOPSY (Specify Yes or No) no	
	28. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
CAUSE OF DEATH	28a. ACC. SUICIDE, HGM UNDET. OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)	
	28c. HOUR OF INJURY M		28d. DESCRIBE HOW INJURY OCCURRED	
CAUSE OF DEATH	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
	28g. LOCATION		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	

SEAL

Nº 61596

151875

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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

REQUESTED BY
FIRST NEVADA TITLE COMPANY
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'87 MAR 24 A11:44

SUZANNE BEAUDREAU
RECORDER

\$ 7⁰⁰ PAID SK DEPUTY

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT. PHOTOGRAPHICALLY REPRODUCED FROM MICROFILM RECORDS AND MAY IN TIME CHANGE IN COLOR OR APPEARANCE

050027

ON MAR 20 1987

Wanda P. ...
REGISTERED VITAL STATIST

[Signature]
COUNTY RECORDER

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