

AFTER RECORDING MAIL TO:  
Charles A. Chagnon  
RT. 3, 226 Beverly Way  
Gardnerville, Nevada 89423

Application No. M-1987-26-OG

AFFIDAVIT BY SURVIVING JOINT TENANT

State of Nevada )  
 )ss.  
County of Douglas )

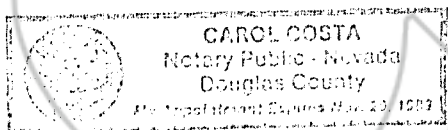
Charles A. Chagnon being first duly sworn, deposes and says:  
That affiant is the surviving spouse of Barbara A. Chagnon,  
and that the affiant and the said Barbara A. Chagnon,  
deceased are the grantees in joint tenancy with the right of survivorship under a  
deed of conveyance affecting the following described real property, situate in the  
County of Douglas, State of Nevada, recorded in Book 278,  
Page 559, Document No. 17555.

That the said Barbara A. Chagnon, one of the joint  
tenant grantees in said deed, died on the 15th day of February, 19 87  
in the County of Carson, State of Nevada.

That all interest in and to said real property is vested absolutely in affiant,  
namely, Charles A. Chagnon as of the date of said decedent's death.

Charles A. Chagnon  
Charles A. Chagnon

SUBSCRIBED and SWORN to before me this 10th day of April, 1987



Carol Costa  
Notary Public

# STATE OF NEVADA

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

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			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
1. Barbara CHAGNON			2. February 15, 1987		
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		
3b. Carson City			3c. Carson-Tahoe Hospital		
RACE—(e.g., White, Black, American Indian, etc.) (Specify)			ETHNIC		
4a. White			4b. American		
AGE—Last Birthday (Years)			UNDER 1 YEAR		
5a. 59			5b. MOS : DAYS		
DATE OF BIRTH (Mo., Day, Yr.)			UNDER 1 DAY		
6. Oct. 4, 1927			5c. HOURS : MINS		
SEX			INSIDE CITY LIMITS (Specify Yes or No)		
7. Female			3d. yes		
CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
9. U.S.A.			10. Married		
SURVIVING SPOUSE (If wife, give maiden name)			WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		
11. Charles S. Chagnon			12. no		
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		
13. [REDACTED] 6144			14a. Telephone Operator (ret.)		
RESIDENCE—STATE			CITY, TOWN, OR LOCATION		
15a. Nevada			15c. Gardnerville		
COUNTY			STREET AND NUMBER		
15b. Douglas			15d. Rt. 3, 226 Beverly Way		
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Frederick Bennett			17. Pauline Cahoone		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Charles S. Chagnon			18b. Rt. 3, 226 Beverly Way, Gardnerville, Nevada 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		
19a. Removal/Burial			19b. Holy Hope		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			LOCATION City or Town State		
20a. <i>Joe A. Rumbold</i>			19c. Tucson Arizona		
NAME AND ADDRESS OF FACILITY			20b. 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.			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>Anthony C. Field M.D.</i>			(Signature and Title)		
DATE SIGNED (Mo., Day, Yr.) <i>2/17/87</i>			DATE SIGNED (Mo., Day, Yr.)		
21b. <i>2/17/87</i>			21c. 10:37 P.M.		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. PRONOUNCED DEAD (Mo., Day, Yr.)		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)			22c. PRONOUNCED DEAD (Hour)		
23. Anthony C Field M.D. 412 W. John Street Carson City Nevada 89701			22d. ON		
22e. AT			24. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
24a. (Signature) <i>Lisa Berman Deputy</i>			24b. February 17, 1987		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			DEATH DUE TO COMMUNICABLE DISEASE		
PART I (a) <i>Respiratory Arrest</i>			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(b) <i>Cerebral edema</i>			Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c) <i>Brain Neoplasm - Probably Metastatic</i>			Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS—Condition contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No)		
PART II			26. NO		
WAS CASE REFERRED TO CORONER (Specify Yes or No)			27. NO		
ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)		
28a.			28b.		
HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED		
28c.			28d.		
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
28e.			28f.		
LOCATION			STREET OR R.F.D. No.		
28g.			28h.		
CITY OR TOWN			STATE		

Nº 61576

VITAL RECORDS

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

By:

*Lawrence P. Mathias*

Deputy Registrar

Date Issued: APR 13 1987



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IN THE OFFICE OF THE CLERK OF THE SUPREME COURT OF NEVADA

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BOOK 487 PAGE 1751

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