

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name  
Street  
Address  
City &  
State

✓ Charles Destree  
438 Fairway Dr  
Gardnerville NV 89401

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Affidavit — Death of Joint Tenant

STATE OF NEVADA

ss.

County of ... DOUGLAS .....

..... CHARLES V. DESTREE ....., of legal age, being first duly sworn, deposes and says:  
That ..... VIRGINIA J. DESTREE ....., the decedent mentioned in the attached certified copy of  
Certificate of Death, is the same person as ..... VIRGINIA A. DESTREE .....,  
named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated January 6, 1977  
executed by Walter H. Niemeyer and Joanne C. Niemeyer husband and wife  
to Charles V. Destree and Virginia J. Destree husband and wife  
as joint tenants, recorded as Instrument No 07184, on Feb. 25, 1977, in  
book 277, page 1208, of Official Records of DOUGLAS  
County, NEVADA covering the following described property situated in the GARDNERVILLE  
RANCHOS UNIT NO. 3, County of DOUGLAS State of NEVADA

Lot 21, as said lot is shown on the official plat of Gardnerville Ranchos  
Unit No. 3, filed in the office of the County Recorder of Douglas County,  
Nevada, on June 1, 1965, as Document No. 28310; and the Amended Title Sheet  
on June 4, 1965, as Document No. 28378.

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

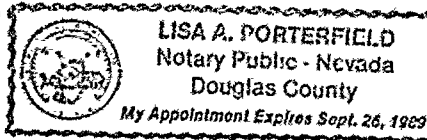
..... CHARLES V. DESTREE .....

Print Name

..... *Charles V. Destree* .....  
Sign Name

State of Nevada

County of Douglas



*Lisa A. Porterfield 2/17/88*  
Lisa A. Porterfield, Notary Public

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BOOK 288 PAGE 2174

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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 65 IMAGE 110

LOCAL FILE NUMBER 150

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1954 FEDERAL VITAL STATISTICS REVISIONS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1 <b>Virginia J. DESTREE</b>		2 <b>January 27, 1988</b>		3a <b>Washoe</b>	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		COUNTY OF DEATH	
3b <b>Reno</b>		3c <b>St. Marys Hospital</b>		3d <b>Inpatient</b>	
4a <b>White</b>		4b <b>American</b>		4c <b>Yes</b>	
5a <b>50</b>		5b <b>50</b>		6 <b>October 26, 1937</b>	
7 <b>Female</b>		8 <b>Married</b>		9 <b>Charles Destree</b>	
10 <b>U.S.A.</b>		11 <b>Charles Destree</b>		12 <b>No</b>	
13 <b>8821</b>		14a <b>Homemaker</b>		14b <b>Own Home</b>	
15a <b>Nevada</b>		15b <b>Douglas</b>		15c <b>Gardnerville</b>	
15d <b>938 Fairway Drive</b>		15e <b>Yes</b>			
16 <b>Dorsey McPeak</b>		17 <b>Martha Schneider</b>			
18a <b>Charles Destree</b>		18b <b>938 Fairway Drive Gardnerville, Nevada 89410</b>			
19a <b>Burial</b>		19b <b>Mountain View Cemetery</b>		19c <b>Reno Nevada</b>	
20a <i>[Signature]</i>		20b <b>Walton Funeral Home</b>			
20c <b>875 West Second Street Reno, Nevada 89503</b>					
21a <i>[Signature]</i>		21b <b>1/28/88</b>		21c <b>2334</b>	
21d <i>[Signature]</i>		21e <b>2334</b>		21f <b>2334</b>	
22a <i>[Signature]</i>		22b <b>2334</b>		22c <b>2334</b>	
22d <b>ON</b>		22e <b>AT</b>		22f <b>AT</b>	
23 <b>Steven Schiff, M. D., 236 West 6th Street, Reno, Nevada 89503</b>					
24a <i>[Signature]</i>		24b <b>January 28, 1988</b>		24c <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c);					
PART I (a) <b>Gram negative septicemia</b>		Interval between onset and death			
(b) <b>Garcenoid tumor</b>		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)				26. <b>No</b>	
27. <b>No</b>					
28a <b>ACC SUICIDE, HOMICIDE, OR PENDING INVEST</b>		28b <b>DATE OF INJURY (Mo., Day, Yr.)</b>		28c <b>HOUR OF INJURY</b>	
28d <b>DESCRIBE HOW INJURY OCCURRED</b>					
28e <b>INJURY AT WORK (Specify Yes or No)</b>		28f <b>PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)</b>		28g <b>LOCATION</b>	
28h <b>STREET OR R.F.D. No</b>		28i <b>CITY OR TOWN</b>		28j <b>STATE</b>	

**SEAL**

N<sup>o</sup> 75309

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288 PAGE 2175

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**

No. 021053

THIS CERTIFIED COPY WAS REPRODUCED FROM THE VITAL STATISTICS RECORDS OF THE WASHOE COUNTY DISTRICT HEALTH DEPARTMENT, WENO, WASHOE COUNTY, NEVADA.

ON JAN 29 1988

SEAL *Walter J. Ford*

REGISTERED VITAL STATISTICS DISTRICT HEALTH DEPARTMENT  
*Walter J. Ford*  
DISTRICT HEALTH DEPARTMENT

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

REQUESTED BY  
*Shirley DeBorja*  
IN OFFICIAL RECORDS OF  
HUNTING CO., NEVADA

'88 FEB 17 A9:24

SUZANNE BEAUDREAU  
RECORDER

\$ *Paul* DEPUTY

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BOOK 288 PAGE 2176