

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME Audrey V. Beisenstein
STREET ADDRESS 3472 Indian Drive
CITY, STATE Carson City, NV 89705
ZIP

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ NEVADA

COUNTY OF DOUGLAS

} ss.

AUDREY V. BEISENSTEIN, an unmarried woman, of legal age, being first duly sworn, deposes and says:

That CORA H. COELHO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CORA H. COELHO, an unmarried woman,

named as one of the parties in that certain DEED dated MARCH 23, 1987, executed by LAWYERS TITLE OF NORTHERN NEVADA, INC., Minden, NV

to AUDREY V. BEISENSTEIN and CORA H. COELHO

as joint tenants, recorded as Instrument No. DO 11697 BG, on MAY 13, 1987, in Book 78, Page 130, of the Official Records in the Office of the County Recorder of DOUGLAS

County, State of Nevada, concerning the following described real property situated in the City of CARSON CITY, County of DOUGLAS, State of Nevada:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 7, in Block C, as shown on the Plat of HIGHLAND ESTATE UNIT NO. 3, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 2, 1978, in Book 78, Page 130, as Document No. 20213.

A.P.N.13-132-26

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ _____

Dated MARCH 15, 1988

Audrey V. Beisenstein
(Signature of Joint Tenant)

AUDREY V. BEISENSTEIN

(Type or Print Full Name of Joint Tenant)

(Deceased)

(Signature of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME

this 15th day of March, 1988

CORA H. COELHO

(Type or Print Full Name of Joint Tenant)

Darlene S. Loff
(Signature of Notary)

DARLENE S. LOFF
NOTARY PUBLIC - NEVADA
CARSON CITY
My Appi. Expires Aug. 13, 1989

174694

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		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Cora Henrietta COELHO		First Middle Last		2. January 26, 1988		3a. Carson City	
3b. Carson City		3c. Carson-Tahoe Hospital		INSIDE CITY LIMITS (Specify Yes or No) 3d. Yes		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	
4a. White		4b. German		5a. 79		6. March 11, 1908	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
7. Wisconsin		9. U.S.A.		10. Divorced		7. Female	
8. Wisconsin		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)	
13. 5943		14a. Laundry Worker		14b. Railroad		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
13. SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
15a. Nevada		15b. Douglas		15c. Jacks Valley		15d. 3472 Indian Drive	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15e. No						INSIDE CITY LIMITS (Specify Yes or No)	
16. Osborn		17. Worden		17. Alma		17. Wille	
16. FATHER—NAME		MOTHER—MAIDEN NAME					
18a. Audrey Beisenstein		18b. 3472 Indian Drive, Carson City, NV 89705					
18a. INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City Nevada			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town State	
20a. [Signature]		20b. 833 N. Edmonds, P.O. Box 1775, Carson City, NV 89702					
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY					
21a. [Signature]		21c. 2:30 P.M.		22a. [Signature]		22c. [Signature]	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. Jan. 28, 1988				22b. [Signature]		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d. [Signature]				22d. ON		22e. AT	
To be completed by CERTIFYING PHYSICIAN		To be completed by Coroner's Office					
23. Colin Soong, M.D., 710 W. Washington, Carson City, Nevada 89703							
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)							
24a. [Signature]		24b. Jan. 29, 1988		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c))							
PART I (a) Respiratory insufficiency						Interval between onset and death	
(b) Bilateral pneumonia						Interval between onset and death	
(c)						Interval between onset and death	
PART II Parkinson's Dx, Carcinomyopathy, chf.				26. No		27. No	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. [Signature]		28b. [Signature]		28c. [Signature]		28d. [Signature]	
ACC. SUICIDE, HGM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28e. [Signature]		28f. [Signature]		28g. [Signature]		28h. [Signature]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. [Signature]		28f. [Signature]		28g. [Signature]		28h. [Signature]	

VITAL RECORDS

Lawrence P. Mathers
N 75040
SEAL

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

By:

Date Issued:

JAN 29 1988

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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REQUESTED BY

Audrey Beisenstein

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'88 MAR 21 AM 11:19

SUZANNE BEAUDREAU
RECORDER

\$ 7.00 PAID *JL* DEPUTY

174694

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