

RECORDING REQUESTED BY

WESTERN TITLE COMPANY, INC.  
P. O. BOX 385  
MINDEN, NEVADA 89423

AND WHEN RECORDED MAIL TO

NAME Mr. Dean Seeman  
STREET ADDRESS Post Office Box 112  
CITY, STATE, ZIP Minden, Nevada 89423

Order No. Escrow No. M46343JC

SPACE ABOVE THIS LINE FOR RECORDER'S USE

# Affidavit--Death of Joint Tenant

STATE OF ~~CALIFORNIA~~, NEVADA }  
County of Douglas } ss.

Dean Seeman, of legal age, being first duly sworn, deposes and says:  
That Henry Fredrick Seeman and Edith Hazel Seeman, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Henry Seeman and Edith Seeman named as one of the parties in that certain Deed of Trust dated June 11, 1981, executed by Harley R. Seeman and Barbara J. Seeman to Henry Seeman and Edith Seeman, husband and wife and Dean Seeman, a single man, as joint tenants, recorded as Instrument No. 57693, on June 26, 1981, in book 681, page 2211, of Official Records of Douglas County, ~~CALIFORNIA~~ Nevada, covering the following described property situated in the unincorporated Nevada County of Douglas, State of ~~CALIFORNIA~~ Nevada

Lot 18, in Block B, as shown on the Official Map of HOLBROOK HIGHLANDS, filed for record in the Office of the County Recorder of Douglas County, NEVADA, on March 22, 1978, in Book 278, Page 1422, as Document No. 18825.

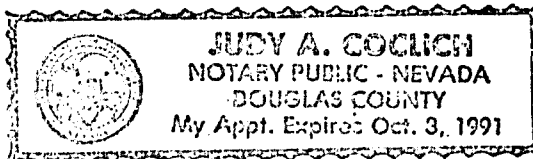
A.P.N. 37-502-03

Dated September 1, 1989

*Dean Seeman*  
Dean Seeman

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 1st day of September, 1989

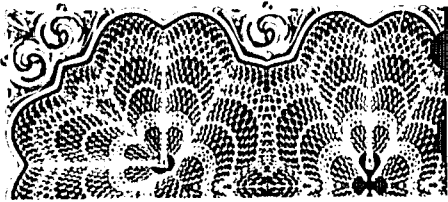
*Judy A. Coclich*  
Judy A. Coclich  
Notary Public in and For said County and State



210563

BOOK 989 PAGE 1098

(This area for official notarial seal)



# 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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER				
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)				
DECEDENT	1 Henry Fredrick SEEMAN			January 19, 1986				
	CITY, TOWN, OR LOCATION OF DEATH			COUNTY OF DEATH				
	3b Carson City			3c Carson City				
V DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENT ITEMS	RACE—(e.g. White, Black, American Indian, etc) (Specify)		ETHNIC		DATE OF BIRTH (Mo., Day, Yr.)			
	4a White		4b German		6 Sept. 22, 1902			
PARENTS	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
	8 Germany			9 USA		10 Married		
DISPOSITION	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
	13 530-07-4380			14a Farmer		14b Agriculture		
CERTIFIER	RESIDENCE STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER	
	15a Nevada		15b Douglas		15c Minden		15d Buckeye Rd.	
CAUSE OF DEATH	FATHER NAME First Middle Last			MOTHER MAIDEN NAME First Middle Last			INSIDE CITY LIMITS (Specify Yes or No)	
	16			17			15e	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LEADING THE INDIVIDUAL TO DEATH	INFORMANT NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a Doreen Seeman			18b Box 112 Minden, Nevada 89423				
VITAL RECORDS	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State	
	19a Cremation			19b Sierra Crematory			19c Reno, Nevada	
WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such)			NAME AND ADDRESS OF FACILITY				
	20a <i>William P. Seub</i>			20b Waltons Funeral Home, 1281 Roop St. Carson City, Nevada				
DEPUTY REGISTRAR	21a To be completed by CERTIFYING PHYSICIAN			21c HOUR OF DEATH			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.	
	21b <i>Anthony C. Field</i>			21c 0808			22b DATE SIGNED (Mo., Day, Yr.)	
SEAL	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c PRONOUNCED DEAD (Mo., Day, Yr.)			22d ON	
	21d Anthony C. Field (MD) 412 West John St. Carson City, Nevada 89701			22c			22e AT	
REGISTRAR	23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE	
	23			24b January 21, 1986			24c YES: [ ] NO[X]	
CAUSE OF DEATH	24a (Signature) <i>Rail M. Goughan</i>			24b			24c	
	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PLUS ONE FOR (a), (b), AND (c))			PART (a)			Interval between onset and death	
CAUSE OF DEATH	PART (b)			PART (c)			Interval between onset and death	
	PART (a) <i>Acute + Chronic Respiratory Failure</i>			PART (b) <i>Chronic Obstructive Pulmonary Disease</i>			Interval between onset and death	
CAUSE OF DEATH	PART (c)			OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART 1 (a))			AUTOPSY (Specify Yes or No)	
	PART (c)			PART (b) <i>Pneumonia</i>			26 No	
CAUSE OF DEATH	26a ACCIDENT FROM UNDER CH PENDING INVEST (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY	
	26a			26b			26c	
CAUSE OF DEATH	26b INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office, building, etc (Specify)			LOCATION	
	26b			26b			26c	

VITAL RECORDS

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

Date Issued: MAR 3 1986

Deputy Registrar

SEAL No 53735  
*Catherine S. Lowe*



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# 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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED - NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1 Edith Hazel SEEMAN			2 January 27, 1986		
	3a Carson City			3b Carson-Tahoe Hospital		
IF DEATH OCCURRED IN INSTITUTION SEE HANGOVER REGARDING COMPLETION OF RESIDENT ITEMS	CITY TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION Name (If not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)
	3c Carson City			3d Yes		3e Inpatient
PARENTS	RACE - (e.g., White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE Last Birthday (Years)	UNDER 1 YEAR
	4a White		4b German/English		5a 81	5b : DAYS
DISPOSITION	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	8 Nevada		9 USA		10 Widowed	
CERTIFIER	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
	13 -4424		14a Housewife		14b Homemaking	
CAUSE OF DEATH	RESIDENCE - STATE		CITY TOWN OR LOCATION		STREET AND NUMBER	
	15a Nevada		15b Douglas		15c Minden	
FATHER'S NAME	16 Victor Bull		17 Lena Heidtman		15d Buckeye Rd.	
	18a Dean Seeman		18b P.O. Box 112, Minden, Nevada 89423		15e	
FATHER'S NAME	BURIAL, CREMATION, REMOVAL OTHER (Specify)		CEMETERY OR CREMATORY - NAME		LOCATION City or Town State	
	19a Cremation		19b Sierra Crematory		19c Reno Nevada	
FATHER'S NAME	FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY		20a	
	20a		20b		20c	
FATHER'S NAME	21a		21b		21c	
	21d		21e		21f	
FATHER'S NAME	22a		22b		22c	
	22d		22e		22f	
FATHER'S NAME	23		24a		24b	
	23		24c		24d	
FATHER'S NAME	25		26		27	
	25		26		27	
FATHER'S NAME	28a		28b		28c	
	28d		28e		28f	

SEAD No 58742  
 VITAL RECORDS  
 Catherine S. Lowe  
 Deputy Registrar

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

Date Issued: MAR 3 1986

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 989 PAGE 1100 210563

COPY

REQUESTED BY  
**WESTERN TITLE COMPANY, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'89 SEP 11 AM 11:24

SUZANNE BEAUDREAU  
RECORDER. **210563**  
\$ 8.00 PAID K12 DEPUTY  
BOOK **989** PAGE **1101**