


1 (SE1/4) of the Northwest Quarter (NW1/4); and the West
2 One Hundred and Sixty-Five feet (165') of the
3 Southwest Quarter (SW1/4) of the Southwest Quarter
4 (SW1/4) of the Northeast Quarter (NE1/4) of Section
5 Twenty-Four (24), Township Twelve (12) North, Range
6 Twenty (20) East, M.D.B. & M.

7 4. That Mary A. Chaney died on the 25th day of
8 December, 1989, at Gardnerville, Nevada, as indicated on the
9 certified copy of the certificate of death attached hereto and
10 made a part hereof.

11 5. That affiant is the surviving joint tenant of Mary
12 A. Chaney, and has personal knowledge of the facts set forth
13 herein.

14 
15 _____
16 CHARLES W. CHANEY

17 SUBSCRIBED and SWORN to before me
18 this 14th day of September, 1989.

19 
20 _____
21 Notary Public



24 **KNIGHT & BEAVERS**
25 Attorneys at Law

Minden Office
4th & Esmeralda
P.O. Box 1030
Minden, NV 89423
(702) 782-9721

Tonopah Office
Belmont Estates
P.O. Box 1271
Tonopah, NV 89049
(702) 482-6803

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

881008704

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)		COUNTY OF DEATH	
1. Mary Agnes CHANEY			2. December 25, 1988		3a. Douglas	
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)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3b. Gardnerville		3c. 1878 Arabian Lane		3d. Yes	3e. 1	
RACE—(e.g., White, Black, American Indian, etc) (Specify)	ETHNIC	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	SEX
4a. White	4b. American	5a. 84	5b. :	5c. :	6. April 13, 1904	7. Female
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8. Pennsylvania	9. U.S.A.	10. Married	11. Charles Chaney		12. No	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. -6367	14a. Homemaker		14b. 914 961 Own Home			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 1878 Arabian Lane		15e. Yes	
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			
18.			17.			
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Charles William Chaney			18b. 1878 Arabian Lane, Gardnerville, Nevada 89410			
BURIAL, CREMATION, REMOVAL OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
19a. Cremation		19b. Sierra Crematory		19c. Reno Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY				
20a. > well with		20b. 1281 N. Roop Street, Carson City, Nevada 89706 62				
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) > David Johnson M.D.			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) >			
DATE SIGNED (Mo., Day, Yr.) 21b. 12/27/88			DATE SIGNED (Mo., Day, Yr.) 22b.			
HOUR OF DEATH 21c. 0645			HOUR OF DEATH 22c.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. David Johnson M.D., 1540 Hwy. 395, Gardnerville, Nv. 89410			PRONOUNCED DEAD (Hour) 22e. AT			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
24a. (Signature) > Jean H. ...		24b. December 27, 1988		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: RISP ARREST						
(b) DUE TO, OR AS A CONSEQUENCE OF: END STAGE ALZHEIMERS						
(c) DUE TO, OR AS A CONSEQUENCE OF:						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 26. No		
ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 28f.		LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE	

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: SEP 12 1989

Deputy Registrar

By: *Jean C. Lawrence*

SEAL No. 80739



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 989 PAGE 1663

210858

COPY

REQUESTED BY
Peter L Knight
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 SEP 14 M1:12

SUZANNE BEAUDREAU
RECORDER

210858

\$ 8.00 PAID K12 DEPUTY
BOOK 989 PAGE 1664