

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME MABEL A. MOOTHART
STREET ADDRESS 733 ROBIN DRIVE
CITY, STATE, ZIP GARDNERVILLE, NV 89410

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.

MABEL A. MOOTHART

, of legal age, being first duly sworn, deposes and says:

That RICHARD GRAYDON MOOTHART, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RICHARD G. MOOTHART named as one of the parties in that certain DEED dated JULY 6, 1989 executed by WILLIAM R. KEUPER AND SUSAN M. KEUPER, husband and wife to RICHARD G. MOOTHART AND MABEL A. MOOTHART, husband and wife as joint tenants, recorded as Instrument No. 206242, on July 7, 1989, in book 789, page 483, of Official Records of Douglas County, Nevada, covering the following described property situated in the Douglas County, State of Nevada:

Lot 94, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, page 1026, as File No. 66512.

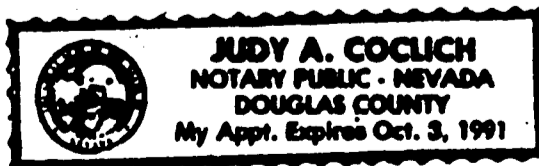
APN 29-212-12

Mabel A. Moothart
Mabel A. Moothart

Dated September 19, 1989

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 19th day of September, 1989

Judy A. Coclich
Notary Public in and for said County and State
Judy A. Coclich



211112

BOOK 989 PAGE 2203

(This area for official notarial seal)

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 69 IMAGE 62

LOCAL FILE NUMBER 1533

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. Richard Graydon MOOTHART			DATE OF DEATH (Month, Day, Year) 2. September 12, 1989		COUNTY OF DEATH 3a. Washoe		
	CITY, TOWN, OR LOCATION OF DEATH 3b. Reno			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. V.A. Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient		
DECEDENT	RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 74		DATE OF BIRTH (Mo., Day, Yr.) 8. October 14, 1914	
	STATE OF BIRTH (If not U.S.A., name country) 9a. Montana		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 12		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE FEES	SOCIAL SECURITY NUMBER 13. ██████████-5492		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Machinist		KIND OF BUSINESS OR INDUSTRY 14b. Boat Manufacturing			
	RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Gardnerville		STREET AND NUMBER 15d. 733 Robin Dr.	
PARENTS	FATHER—NAME First Middle Last 16. Harvey Moothart			MOTHER—MAIDEN NAME First Middle Last 17. Harvene Cookson				
	INFORMANT—NAME (Type or Print) 18a. Mabel A. Moothart			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 733 Robin Dr., Gardnerville, Nevada 89410				
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Reno Crematory		LOCATION City or Town State 19c. Reno Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 42		NAME AND ADDRESS OF FACILITY 20c. Northern Nevada Memorial 616 South Wells Avenue, Reno, Nevada 89502			
CERTIFIER	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) [Signature]			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) and manner stated. (Signature and Title) [Signature]				
	DATE SIGNED (Mo., Day, Yr.) 21b. Sept. 13, 1989		HOUR OF DEATH 21c. 08:14		DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			22d. ON		22e. AT		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. JANET L. ALBRIGHT, M.D., 1000 Locust Street, Reno, NV 89520					LICENSE NUMBER 23b. 509		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. [Signature]			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. September 14, 1989		DEATH DUE TO COMMUNICABLE DISEASE 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) Cardiac Arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
		(b) Respiratory Arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
	(c) Renal Failure, acute		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No		
ACC., SUICIDE, HOM., UNDET., 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		

STATE REGISTRAR

BOOK

989 PAGE 2204

No. 010294

211112

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

PROXY

BY *Suzanne Beaudreau*

SEP 15 1989

SEAU

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

REQUESTED BY
Mabel A. Mothart
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

89 SEP 19 10:23

SUZANNE BEAUDREAU
 RECORDER **211112**

\$7⁰⁰ PAID *K12* DEPUTY

BOOK **989** PAGE **2205**