LTIC-CALT-508

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

MABEL A. MOOTHART 733 ROBIN DRIVE GARDNERVILLE, NV 89410

Order No.... Escrow No..

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

| named as one of the parties in that certain DEE executed by WILLIAM R. KEUPER AND SUSAN to RICHARD G. MOOTHART AND MABEL A. M. | , of legal age, being first duly sworn, deposes and says: , the decedent mentioned in the attached certified copy of CHARD G. MOOTHART ED dated JULY 6, 1989 N. M. KEUPER, husband and wife MOOTHART, husband and wife MOOTHART, husband and wife Sold Douglas |
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| | |
| Lot 94, as shown on the map of GAR for record in the office of the Coon May 29, 1973, in Book 573, page | RDNERVILLE RANCHOS UNIT NO. 6, filed Dunty Recorder of Douglas County, Nevada, e 1026, as File No. 66512. |
| | |
| APN 29-212-12 | |
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| | mabel A. moothast |
| 2 2 2 10 1000 | Mabel A. Moothart |
| Dated September 19. 1989 | ••• |
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| | |
| SUBSCRIBED AND SWORN TO before me, to undersigned, a Notary Public in and for said Cour and State, this 19th September, 1989 | the nty lay |
| | HOTARY BURIES, NEVADA |

211112

BOOK 989 PAGE 2203 (This area for official notarial seal)

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



VITAL STATISTICS Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

| Richard Graydon WOTHART 2. September 12,1989 3. Washoe (TV, Town, OR IDDATION OF DEATH 1) HOBERTAL OR OTHER INSTITUTION—HAME (Five allians, plus allians) and institution—hame (Five allians) plus allians allians) and institution—hame (Five allians) plus allians) plus allians) plus allians) plus and institution—hame (Five allians) plus allian | ROL | L 69 IMAGE | 62 | 7 . | CERTIFICA | ATE OF DE | ATH | | (\ | |
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| TACE—Lee p. White Description (Plasmic Origin Specify Deepen of Lynn, 1984) TACE—Lee p. White Description (Plasmic, Closh, Pennis Rea, etc.) Symbol (Plasmic) | ` ' | • | · DEATH | | | | eet and numberj | Rm. Inpatient (Spe | city) | |
| STATE OF BIRTH (Including Action of the Company of | | | siana Tutaa | | | | L DNDEB 1 | | | |
| 9. MONTAIN 9. U.S.A. 9. U.S.A. 10. 12 197*Married 102Mabel A. John 102Mabel A. | · · | Indian, etc) (Specify) | speci | decedent of Hispanic Olify Mexican, Cuban, Pue | | 7a. 74 | 70. | DAYS HOURS | MINS | |
| 98. U.S.A. 10. 12 197*Married 192 Mabel A. John 192 Mabel A. John 193 Mabel A. Moothart 193 Ma | S (# | ITATE OF BIRTH If not U.S.A., name country) | | * | VTRY Decedent's Education grade completed. | ition. Specify highes | MARRIED, NEVI | ER MARRIED, ORCED | 1 | |
| THE STATE OF THE S | . 91 | | | | 10. 12 | | Marr: | ied | 1000 | el A. Johnso |
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| HERE Harvey Moothart 17. Harvene Cookson MAILING ADDRESS (SIREN OF R.P.D. No., City or Town, State, Ze) INFORMANT—NAME (Type or Print) | ▶ []! | 5a.Nevada | 155. DOL | uglas | 15c. Gardne | rville | 15d. | 733 Robin | Dr. | 15e. Yes |
| 16. Harvey Moothart 17. Harvene Cookson 17. Harvene Cookson 18. Mabel A. Moothart 18. 733 Robin Dr., Gardnerville, Nevada 89410 18. To respect to the feet of | | ATHER-NAME First | | Middle | Last | MOTHER-MAID | EN NAME F | First | Middle | Last |
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| 28a. " 285. 28c. W. 28d. | . 1 /5 | Specify) | 285. | / / 2 | 8c. M | 28d. | į | | | |
| INJURY AT WORK PLACE OF INJURY-At home, farm, street, factory, office LOCATION, STREET OR R.F.D. No. CITY OR TOWN STATE | IN IN | NJURY AT WORK | PLACE OF | F INJURY-At home, fam | n, street, factory, office | <u> </u> | STREET OR F | R.F.D. No. | CITY OR TOV | VN STATE |
| (Specify Yes or No) building, etc. (Specify) 28e. 28f. 28f. | 1 75. | The state of the s | 281. | Junging, etc. (| (Specially) | 28g. C ~ | | | | |
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| STATE REGISTRAR 800K 989 PAGE 2204 211112 | | | Market Street, | • | SIAIE | | ~ <u></u> | Luce GOO | 2 | 11112 |

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

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