

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME Mr. Frank Mintun
STREET ADDRESS 3850 Granite Way
CITY, STATE, ZIP Wellington Nevada 89444.

Order No. M46230JC Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit--Death of Joint Tenant

STATE OF ~~CALIFORNIA~~ NEVADA

County of Douglas

ss.

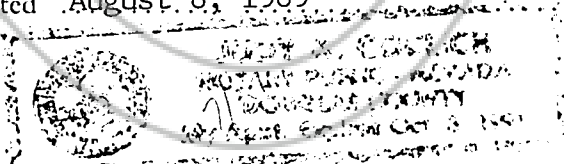
FRANK E. MINTUN

of legal age, being first duly sworn, deposes and says:
That ~~THERESE~~ ^{Minton} Schrilla Bizzelle Watson the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as THERESE B. MINTUN named as one of the parties in that certain grant deed dated February 15, 1988, executed by CAROLYN CARLSON to FRANK E. MINTUN AND THERESA B. MINTUN, husband and wife as joint tenants, recorded as Instrument No. 173072, on February 24, 1988, in book 288, page 3170, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the County of Douglas, State of ~~California~~ Nevada, to wit:

Lot 27, in Block G, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, FILED IN THE OFFICE OF THE County Recorder of Douglas County, Nevada, on November 16, 1970 in Book 1 of Maps, page 224, as Document No. 50212

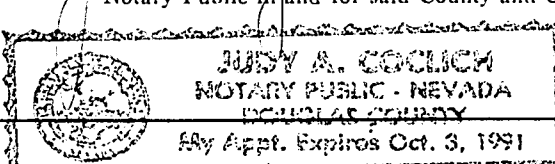
A.P.M. 37-464-11

Dated August 8, 1989



SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 8th day of August, 1989.

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



Frank E. Mintun
FRANK E. MINTUN

213282

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(This area for official notarial seal)

STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 29-0568-YY		STATE FILE NUMBER	
1 NAME OF DECEDENT FIRST MIDDLE LAST Theresa Schrilla Bizzelle Watson Mintun			
2 SEX Female		3a DATE OF DEATH (Mo. Day Year) June 23, 1989	
3b TIME OF DEATH (24 hr clock) 2205		4 DATE OF BIRTH (Mo. Day Year)	
5 AGE (at death) 65		6 BIRTHPLACE (City & State or Foreign Country) Maywood, Illinois	
7 SOCIAL SECURITY NUMBER [REDACTED]-3673			
8a PLACE OF DEATH (Check only one)			
8a1 HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> NOA Ogden		8a2 NAME OF HOSPITAL (Nursing Home or Other Facility) (If outside a facility give street address of location) McKay-Dee Hospital	
8b CITY/TOWN OR LOCATION OF DEATH Weber		9 SURVIVING SPOUSE (If wife give maiden name) Frank E. Mintun	
10 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11 MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired)		12b KIND OF BUSINESS OR INDUSTRY Own Home	
13a RESIDENCE STREET AND NUMBER 1615 West Old Highway Road		13b CITY/TOWN OR COMMUNITY Stoddard	
13c COUNTY Morgan		13d STATE Utah	
14 INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14 ZIP CODE 84050	
15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 RACE (Black, White, Am. Indian, etc. Specify)	
16 EDUCATION (Specify only highest grade completed) (Elementary or Secondary (10-12), College (13-16 or 17-18))		16 12	
17 FATHER'S NAME (First Middle Last) Angelo Schrilla		17 MOTHER'S NAME (First Middle Last) Helen Brandt	
18 NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Theresa Otterson, (daughter), 1615 W. Old Hwy. Road, Morgan, Utah 84050			
19 METHOD OF DISPOSITION			
<input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal		20 DATE OF DISPOSITION June 27, 1989	
21a PLACE OF DISPOSITION (Name of cemetery, crematory or other place) South Morgan Cemetery		21b LOCATION (City or Town State) Morgan, Utah	
22 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Mark F. ...</i>		22 LICENSE NUMBER 590-0806	
23 FUNERAL HOME (Name, address and phone number) Walker Mortuary		23 PHONE NUMBER 482-0804	
24 DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 6/23/89		25 If not attended by medical attention, was death reported to M.E.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26a CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER - LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.			
26b SIGNATURE AND TITLE OF CERTIFIER <i>Gale H. Keyes</i>		26c LICENSE NUMBER 2477	
26d DATE SIGNED (Mo. Day Year) 6/26/89		26e NAME AND ADDRESS OF PERSON WHO REPORTED THE CAUSE OF DEATH (Item 1) Gale H. Keyes, 3905 Harrison Blvd, Ogden, Utah 84402	
27 REGISTRAR'S SIGNATURE <i>E. Mark ...</i>			
27 DATE FILED (Mo. Day Year) June 26 1989			
28 PART I - ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>Melanotic Carcinoma of breast</i>		28a APPROXIMATE INTERVAL Between Onset and Death <i>2 1/2 yrs</i>	
29 Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.			
PART II - Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. <i>lung associated Carcinoma of lung</i>			
30a IN YOUR OPINION TOBACCO USE BY THE DECEDENT <input checked="" type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death		30b WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		30d IF INJURY AT WORK? (If not at work, specify if decedent was driver, passenger or pedestrian) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31 DESCRIBE HOW INJURY OCCURRED (brief sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)			

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-26 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JUN 26 1989**
 County: **Weber**
 Registrar: *E. Mark ...* By *John E. Brockert*
 John E. Brockert
 DIRECTOR OF VITAL STATISTICS



L 196103

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.

COPY

REQUESTED BY
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 OCT 19 P3:55

SUZANNE BEAUDREAU
RECORDER

213282

\$ 7⁰⁰ PAID K10 DEPUTY
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