

AFFIDAVIT OF DEATH OF JOINT TENANT

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STATE OF NEVADA)
) ss.
CARSON CITY)

ROSE C. LEE, being first duly sworn, upon oath, deposes and says:

That MICHELE L. GEER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as the MICHELE L. GEER, named as one of the property owners and joint tenants in that certain lot, or lots, parcels or pieces of land situate, lying and being in Douglas County, Nevada, more particularly described as follows:

PARCEL ONE:

All of Lot 12, as shown on the Official Map of VILLAGER TOWNHOUSES, filed for record in the office of the County Recorder of Douglas County, Nevada, on August 29, 1977, as Document No. 12403.

Assessment Parcel No. 05-360-12

PARCEL TWO:

An undivided 1/15th interest in Lot A as shown on the Official Map of VILLAGER TOWNHOUSES, filed for record in the office of the County Recorder of Douglas County, Nevada, on August 29, 1977, as Document No. 12403.

That the said decedent, MICHELE L. GEER, was the daughter of ROSE C. LEE, the surviving Joint Tenant.

DATED this 6 day of APRIL, 1990.

Rose C. Lee
ROSE C. LEE

SUBSCRIBED and SWORN to before me
this 6th day of April, 1990.

Katherine Terrell Jordan
Notary Public



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 70 IMAGE 476

579

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN HOSPITAL OR IN CARE HOME, SEE HANDBOOK REGARDING COMPLETION OF REQUIREMENTS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Michele L. GEER			DATE OF DEATH (Month, Day, Year) 2. March 17, 1990			STATE FILE NUMBER 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. Washoe Medical Center			If Hosp. or Inst. indicate DOA, OP, Emer, Rm. Inpatient (Specify) 3e. Inpatient			SEX 4. Female					
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. 46		UNDER 1 YEAR 7b. MONTHS : DAYS		UNDER 1 DAY 7c. HOURS : MINUTES		DATE OF BIRTH (Mo., Day, Yr.) 8. Aug. 29, 1943		
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada			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			SURVIVING SPOUSE (If wife, give maiden name) 12. Richard L. Geer				
SOCIAL SECURITY NUMBER 13. ██████████-3269			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Executive Secretary			KIND OF BUSINESS OR INDUSTRY 14b. Gaming Commission								
RESIDENCE—STATE 15a. Nevada			COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Cave Rock			STREET AND NUMBER 15d. 214 Bedell St.			INSIDE CITY LIMITS (Specify Yes or No) 15e. no			
FATHER—NAME First Middle Last 16. Ernest M. Lee			MOTHER—MAIDEN NAME First Middle Last 17. Rose C. Canoica			INFORMANT—NAME (Type or Print) 18a. Rose M. Lee						MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 215, Glenbrook, Nevada 89413		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation			CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory			LOCATION City or Town State 19c. Carson City Nevada								
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting As Such) 20a. <i>Way Fitz Henry</i>			FUNERAL DIRECTOR LICENSE NUMBER 20b. #36		NAME AND ADDRESS OF FACILITY 20c. Crematory, P.O. Box 1775, Carson City, NV 89702									
To be completed by CERTIFYING PHYSICIAN			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) <i>James W. Forsythe, M.D.</i>			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) <i>James W. Forsythe, M.D.</i>								
			DATE SIGNED (Mo., Day, Yr.) 21b. March 20, 1990			HOUR OF DEATH 21c. 1020			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. James W. Forsythe, M. D., 75 Pringle Way, Reno, NV. 89502									LICENSE NUMBER 23. 2864		
REGISTRAR 24a. (Signature) <i>Quintia Shaw Dep</i>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. March 20, 1990			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), (c), AND (d))														
PART I			(a) <i>Pulmonary Embolus</i>			Interval between onset and death 5 minutes			DUE TO, OR AS A CONSEQUENCE OF					
			(b) <i>Metastatic Squamous Cell Carcinoma</i>			Interval between onset and death 3 years			DUE TO, OR AS A CONSEQUENCE OF					
PART II			(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.											
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) 26a.			DATE OF INJURY (Mo., Day, Yr.) 26b.		HOUR OF INJURY 26c.		DESCRIBE HOW INJURY OCCURRED 26d.							
INJURY AT WORK (Specify Yes or No) 28a.			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28b.			LOCATION 28c.		STREET OR R.F.D. No. 28d.		CITY OR TOWN 28e.		STATE 28f.		

STATE REGISTRAR BOOK **223516** No. **014600**
PAGE **490** 966

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

COPY

Suzanne Beaudreau

SEAT

MAR 22 10 50

REQUESTED BY
Kenneth J Jordan
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'90 APR -9 P12:33

SUZANNE BEAUDREAU
RECORDER **223516**
\$ 7.00 PAID K12 DEPUTY

BOOK **490** PAGE **367**