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1276 Franklin AFFIDAVIT - DEATH OF JOINT TENANT
Gardnerville Nv. 89410

STATE OF NEVADA)
COUNTY OF DOUGLAS)

THIS DOCUMENT IS RECORDED AS AN ACCOMODATION ONLY and without liability for the consideration therefor, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

BEVERLY J. HEIDANUS of legal age, being first
duly sworn, deposes and says:

THAT SAM ABRAM HEIDANUS, the decedent mentioned
in the attached certified copy of Certificate of Death, is the same person
as SAM A. HEIDANUS named as one of the parties
in that certain DEED dated JULY 21, 1988,
executed by WALTER E. THORNE
to SAM A. HEIDANUS AND BEVERLY J. HEIDANUS
as joint tenants, recorded as Instrument No. 186009
on SEPT. 8, 1988, in book 988, page 1201,
of Official Records of DOUGLAS County, NEVADA,
covering the following described property situated in the
County of DOUGLAS State of NEVADA:

Lot 8, in Block A, as said Lot and Block are shown on the Amended map
of RANCHO ESTATES, filed in the Office of the County Recorder of
Douglas County, Nevada on October 30, 1972, as Document No. 62493.

Assessor's Parcel No. 27-641-17

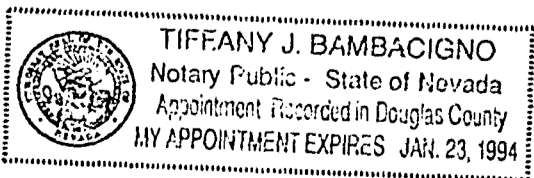
THAT the said decedent, SAM A. HEIDANUS is one of
the joint tenant grantees in that certain said DEED
and that all interest in and to said real property is vested absolutely in
affiant, namely BEVERLY J. HEIDANUS.

Dated _____
Beverly J. Heidanus
BEVERLY J. HEIDANUS

SUBSCRIBED AND SWORN TO before me
this 16th day of JULY
BEVERLY J. HEIDANUS.

Signature Tiffany J. Bambacigno Olmstead
TIFFANY J. BAMBACIGNO OLMSTEAD

Name (typed or printed)



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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Sam Abram HEIDANUS		2. September 9, 1989	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Carson City		3c. Carson-Tahoe Hospital	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6. No	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Illinois		9b. USA	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
13. [REDACTED]-6492		14a. Forest Ranger Dispatcher	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Sam A. Heidanus		17. Ida Miltenberger	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Beverly Heidanus		18b. 1276 Franklin Lane, Gardnerville, Nv. 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Eastside Memorial Park	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>William [Signature]</i>		20b. 21	
NAME AND ADDRESS OF FACILITY		LOCATION City or Town State	
20c. 1281 N. Roop Street, Carson City, Nv. 89706		19c. Minden Nevada	
21a. To be completed by CERTIFYING PHYSICIAN (Signature and Title)		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.	
21b. <i>Chris [Signature]</i>		22b. <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21c. 9/12/89		22c. 2135	
HOUR OF DEATH		HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22d. ON	
23a. Christopher W. Forman MD, 710 W. Washington, Carson City, Nv		22e. AT	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. Sept. 12, 1989	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) <i>cardiopulmonary arrest</i>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(b) <i>ischemic cardiomyopathy</i>		Interval between onset and death	
(c) <i>metastatic colon carcinoma</i>		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		27. No	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
INJURY AT WORK (Specify Yes or No)		HOUR OF INJURY	
28e.		28c. M	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28f.		28d.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No.009233

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

Date Issued:

SE [REDACTED] 1989

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

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230861

COPY

REQUESTED BY
FIRST NEVADA TITLE COMPANY
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

'90 JUL 25 P12:14

SUZANNE BEAUDREAU
RECORDER

230861

\$7.00 PAID OK DEPUTY

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