

7' RPN. 7. 215-08

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

✓ Name: BEN J. LEHMAN
Street Address: P.O. Box 3480
City & State: 169 JUNIPER DR STATELINE NV 89449

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit — Death of Joint Tenant

STATE OF ~~NEVADA~~ NEVADA

County of DOUGLAS ss.

BEN J. LEHMAN, ADMIRAL USN Ret., of legal age, being first duly sworn, deposes and says:
That NELL ZANKIN LEHMAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NEUL Z. LEHMAN named as one of the parties in that certain DEED dated MAY 15 1987 executed by MERVYN KIER AND DORIS KIER to ADMIRAL BEN J. LEHMAN AND NEUL Z. LEHMAN as joint tenants, recorded as Instrument No 55341 on 587, page 2539, of Official Records of DOUGLAS County, NEVADA, covering the following described property situated in the DOUGLAS County of NEVADA

LOT 8, IN BLOCK F AS SHOWN ON THE MAP OF KINGSBURY MEADOWS SUBDIVISION, filed in the office of the County Recorder of Douglas Co. NEVADA ON JULY 5, 1955, IN BOOK 1 OF MAPS, PAGE 82 AS DOCUMENT NO. 10542.

I declare under penalty of perjury, that the foregoing statement is true and correct.

BEN J. LEHMAN, Rear Admiral USN Ret.
Print Name

Ben J. Lehman
Sign Name
BEN J. LEHMAN

Dated 12/9/91 9 DEC '91

SUBSCRIBED AND SWORN TO before me this

9 day of DECEMBER 1991

Signature _____
Notary Public

266667

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(Notarial Seal)

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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

91 005874

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1. Nell Zamkin LEHMAN			2. August 11, 1991		
	CITY, TOWN, OR LOCATION OF DEATH			COUNTY OF DEATH		
F DEATH OCCURRED IN INSTITUTION? SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Carson City			3a. Carson City		
	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		
FATHER—NAME First Middle Last	3c. Sierra Convalescent Center			3e. Inpatient 6		
	4. Female			4. Female		
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	5. White			6. Nov. 13, 1921		
	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.			AGE—Last Birthday (Years)		
STATE OF BIRTH (If not U.S.A., name country)	9a. New York			10. 17		
	CITIZEN OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.		
SOCIAL SECURITY NUMBER	13. 6655			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			12. Ben J. Lehman		
RESIDENCE—STATE	15a. Nevada			14b. Florist 671		
	COUNTY			KIND OF BUSINESS OR INDUSTRY		
FATHER—NAME First Middle Last	15b. Douglas			14c. 185		
	CITY, TOWN, OR LOCATION			14d. Florist 671		
MOTHER—MAIDEN NAME First Middle Last	15c. Stateline			15d. 169 Juniper Dr.		
	15e. Inside City Limits (Specify Yes or No)			15e. yes		
INFORMANT—NAME (Type or Print)	16. Harry O. Zamkin			17. Fannie Rich Ansonge		
	18a. Ben J. Lehman			18b. P.O. Box 3480, Stateline, Nevada 89449		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19a. Crepation			19b. FitzHenry's Crematory		
	CEMETERY OR CREMATORY—NAME			LOCATION City or Town State		
FUNERAL DIRECTOR—SIGNATURE (Or Print if Acting as Such)	20a. <i>Donald L. Linder</i>			20b. #36		
	NAME AND ADDRESS OF FACILITY			FitzHenry's Funeral Home and Crematory, P.O. Box 1775, Carson City, NV 89702		
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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.		
	DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		
REGISTRAR	23a. R. Yamamoto, M.D., 1001 N. Mountain Street, Carson City, NV89703			23b. #5778		
	24a. <i>R. Yamamoto</i>			24b. August 12, 1991		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	PART I (a) End stage of disease			26. no		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	PART II (b) Due to, or as a consequence of.			27. yes		
	PART II (c) Other significant conditions			27. yes		
ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST.	28a. DATE OF INJURY (Mo., Day, Yr.)			28b. HOUR OF INJURY		
	28c. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			28d. DESCRIBE HOW INJURY OCCURRED		
INJURY AT WORK (Specify Yes or No)	28e. PLACE OF INJURY			28f. LOCATION		
	28g. STREET OR R.F.D. No.			28h. CITY OR TOWN		
28i. STATE			28j. STATE			

266667

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STATE REGISTRAR **SEAD**

No. 032306

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

Date Issued DEC 09 1991

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

STATE OF NEVADA
COUNTY OF DOUGLAS

On this 9th day of November 1991, before me, Linda L. Slater
the undersigned Notary Public, personally appeared _____

BEN V. LEHMAN

- () Personally known to me
- (X) Proved to me on the basis of satisfactory evidence to be the person(s)
whose name(s) IS subscribed to the within instrument, and acknowledged
that he executed it.

WITNESS my hand and official seal.

Linda L. Slater
Notary's Signature



COPY

REQUESTED BY
Ben Lehman
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'91 DEC -9 P3:33

SUZANNE BEAUDREAU
RECORDER 266667
\$7.00 PAID K2 DEPUTY
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