When Recorded mail 70: no. 92011007-G
Clyde manoeville 170 Koonz Ln Sp 64 Carson City, no Affidavit - Death of Joint Tenant (Arson City, no B970)
STATE OF NEVADA) COUNTY OF DOUGLAS)
CLYDE E. MANDEVILLE , being of legal age,
and being first duly sworn, deposes and says, that
the decedent mentioned in the attached certified copy of Certificate
of Death, is the same person asEVELYN B. MANDEVILLE named as one of the parties in that certainJOINT TENANCY DEED
, dated October 2, 1978
executed by DONALD W. ENSMINGER and EXIE L. ENSMINGER
to CLYDE E. MANDEVILLE AND EVELYN B. MANDEVILLE, his wife,
as joint tenants, recorded as Instrument No. 26867 , on
October 3, 1978 , in Book 1078 , Page 2559 ,
of Official Records of Douglas County, State of
Nevada , covering the following described
property situated in the County of Douglas, State of
Nevada , as follows:
Lot 29, Block B, as said Lot and Block are shown on the Amended map of RANCHOS ESTATES, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 30, 1972, as Document No. 62493.
Assessment Parcel No. 27-653-07.
11th
Dated this $\frac{1/h}{h}$ day of $\frac{May}{h}$, 1992.
STATE OF NEVADA) CLYDE/E. MANDEVILLE
COUNTY OF DOUGLAS) ss.
On <u>YCu////991</u> , personally appeared before me, a Notary Public, CLYDE E. MANDEVILLE
personally known or proved to me to be the persons whose names are subscribed to the above instrument who acknowledged that they executed the same for the purposes therein stated.
Notary Public LORRAINE W. YOUNG Notary Public - State of Nevada
Appointment Recorded in Douglas County

WHEN RECORDED, MAIL TO:



MENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

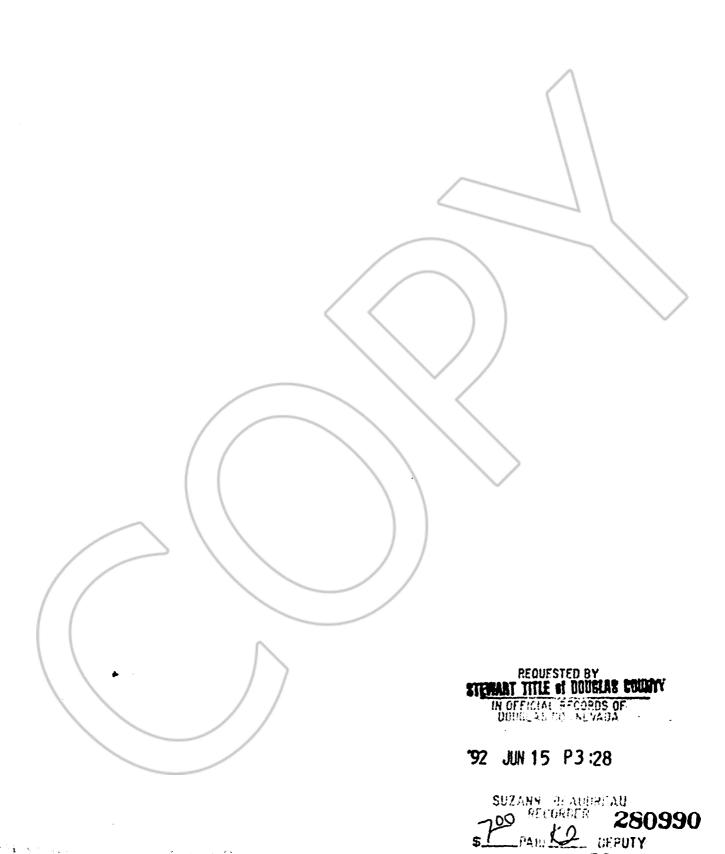


STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

	•		CERTIFICATE OF	F DEATH	Γ	90 009031	
TYPE	LOCAL FILE NUMBER DECEASED—NAME First	Middle	Last	DATE OF DEATH	March Day Year	STATE FILE NUMBER I COUNTY OF DEATH	
OR PRINT						\ \	
PERMANENT BLACK INK	1 Evelyn	Brooks TH THOSPITAL OR OTHE	MANDEVILL HINSTITUTION—Name (II) FOR PROJECT	E 2. December	If Hosp, or Inst. indic	O Ja. Carson City	
DECEDENT	30 Carson City	∞Sierra (Convalescent Cen	ter	Rm. Inpatient (Special Special	ent 6 4 Female	
OLOEDCIV!	RACE-(e.g., White, Black, American Indian, etc) (Specify)	Was Decedent of Hispanic O specify Mexican, Guban, Pue	ngin? Specify C yes 77 no if yes, At no Rican, etc.	GE—Last UNDER 1 Y	AYS HOURS		
	5. White	6.	74	100	7c.	*February 21,191	.6
F DEATH OCCUPRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNT	RY Decedent's Education, Speci grade completed.	WIDOWED DIVE	ACED	SURVIVING SPOUSE (If wife, give maiden nam	**)
INSTITUTION SEE HANGBOOK	_{9a} Arizona	96. USA	10 12	(Specify) Mari		12 Clyde Mandeville	
REGURDING COMPLETION OF	SOCIAL SECURITY NUMBER	Working Life, Even if Ret		N R KIND OF BUSIN	ESS OR INDUSTRY		
RESCENCE ITEMS	13. 70.39		y-Bookkeeper		ruction I		
	RESIDENCE-STATE CO	UNTY	CITY, TOWN, OR LOCATION	STREE	T AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
7		Douglas	⊯ Gardnervill		288 Bolivi	a Way 154. Yes	
PARENTS	FATHER-NAME FIRST	Middle	Lus MOTHE	R-MAIDEN NAME FI	rst	Middle Last	
MILETIO	16. Carl		Brooks 17.				
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F	D. No., City or Town,	, State, Zip)	
	Clyde Mandevill			537, Gardner	ville, Ne	vada 89410	
	BURIAL, CREMATION, REMOVAL, OT	HER (Specify) CEMETE	RY OR CREMATORY—NAME		LOCATION	City or Town State	
DISPOSITION	19a Cremation	190. }	lasonic Cremator	у	19c. Re	no Nevada	
UISPUSITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERA	L DIRECTOR NAME AND ADDRE	SS OF FACILITY Walto	n's Chape	l of the Valley 02	
Ĺ	20a > Wille 107	ettenter 200.	2/ ∞ 1281 N			City, Nevada 89706	
	21a. To the best of my knowledge due to the cause(s) stated.	e, death o curred at the time, o	atg/and place and	22a. On the basis of at the time, date	examination and/or in	vestigation, in my opinion death occurred the cause(s) and manner stated.	
	21a. To the best of my knowledge due to the cause(s) stated. DATE SIGNED (Mo., Day, Y	Horah WA	Mrs MD	E			
	DATE SIGNED (Mo., Day, Y	HOUR OF	EATH	DATE SIGNED (Mo.,	Day, Yr.)	HOUR OF DEATH	
CERTIFIER	21b. /2/4/90 NAME OF ATTENDING PHY	21c. 051		8 g 220.	2	22c.	
NEW HILLIEF	NAME OF ATTENDING PHY	YSICIAN IF OTHER THAN CER	TIFIER (Type or Print)	PRONOUNCED DEA	D (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)	
j	일 21d.	\	\	22d. ON		22e AT	
Ī	NAME AND ADDRESS OF	CERTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXAM	IINER, OR CORONER). (Type	or Print.)	LICENSE NUMBER	
Ĺ	Joseph He	flin MD, 1540	Hwy. 395, Gardne	erville, Neva	da 89410	236. 5873	
CONDITIONS	REGISTRAR	2= (1)	DATE PECEIVED	BY REGISTRAR (Mo , Day, Yr	DEATH DUE TO	COMMUNICABLE DISEASE	
WHICH GAVE	242 (Signature) with	m your	har puffeent	4 24, 1990	, 24c. YES []	ю	
RISE TO IMMEDIATE CAUSE	25. IMMEDIATE CAUSE JENTER	ONLY ONE CAUSE PER UNE	FOR (a), (b), AND (c))	/		* Interval between onset and death	
STATING THE I	PART (a) cerebro va	scular accid	cut				
UNDERLYING CAUSE LAST	DUE TO, OR AS A CON	SEQUENCE OF:				• Interval between onset and death	
	(b)					•	
	136 DUE TO, OR AS A CON	SEQUENCE OF:				• Interval between onset and death	
CAUSE OF	(c)	^				•	
DEATH	PARI	DITIONS—Conditions contribution	g to death but not resulting in the undi	rilying cause given in Part I.	AUTOPSY (S)	pecify WAS CASE REFERRED TO Y NO! CORONER (Specify Yes or No)	\neg
	, i	/)			26. No	27. Yes	
\ I	ACC., SUICIDE, HOW, UNDET., DAT OR PENDING INVEST.	E OF INJURY ALL COK 11 H	OUR OF INJURY DESCRIBE	HOW INJURY OCCURRED			\neg
1	(Specify) 28a. 28b.	. / 25	c. M 28d.				
P	(Specify Yes or No)	CE OF INJURY—Al home, term, butting, etc. (\$	street, factory, office LOCATION.	STREET OR R.	SEA	ITY OR TOWN STATE	\neg
Ļ	28e. 28f.	/ /	28g.		- JEA		
					A	100000EC	_
			STATE REGISTRA	AR		455UZU330	
ar Au	This is to ce	rtify that the above is	a true and correct copy	Bu	(10	1020356	1980

This is to certify that the above is a true and correct copy of the certificate on file in this office. MAY 1 1 1992

Deputy Registrar



BOOK 692 PAGE2518