

# Affidavit-Death of Joint Tenant

TO 5036 NV (5-73)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

B5358/CA-R

STATE OF NEVADA,

COUNTY OF DOUGLAS } ss.

Beverly Heckard, of legal age, being first duly sworn, deposes and says:  
 That Lester B. Heckard the decedent mentioned in the attached certified copy of  
 Certificate of Death, is the same person as Lester B. Heckard  
 named as one of the parties in that certain Deed of Trust dated January 28, 1985,  
 executed by David M. Curran and Carol L. Curran  
 to Lester B. Heckard and Beverly Heckard husband and wife  
 as joint tenants, recorded as Instrument No. 114195, on March 1, 1985, in  
 book 385, page 056, of Official Records of Douglas  
 County, Nevada, covering the following described property situated in the \_\_\_\_\_  
 County of Douglas, State of Nevada:

A parcel situate in the Southeast 1/4 of the Southeast 1/4 of Section  
 8, Township 12 North, Range 20 East, M.D.B. & M., described as follows:

Lot 3, as set forth on that certain Amended Parcel Map recorded  
 February 16, 1977, as Document No. 06989, in Book 277, Page 817,  
 Official Records of Douglas County, State of Nevada.

TOGETHER WITH a 20 foot right of way easement over and across the  
 North portions of Lots 1 and 2 as set forth on said parcel map.

Assessor's Parcel No. 27-120-19

THIS DOCUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY  
 WITHOUT LIABILITY TO WESTERN TITLE COMPANY, INC.  
 FOR THE SUFFICIENCY HEREOF OR FOR THE CONDITION OF TITLE.

That the value of all real and personal property owned by said decedent at date of death, including the full value of  
 the property above described, did not then exceed the sum of \$ \_\_\_\_\_.

Dated 1/29/93

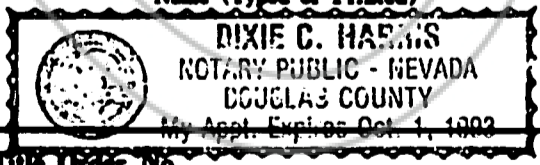
Beverly Heckard  
 BEVERLY HECKARD

SUBSCRIBED AND SWORN TO before me

this 29<sup>th</sup> day of JANUARY

Signature Dixie C. Harris

Name (Typed or Printed)



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

Western Title Company IC#200556

AND WHEN RECORDED MAIL TO

Name Western Title Company  
 Street Address 6490 S. McCarran #F46  
 City & State Reno, NV 89509

SPACE BELOW THIS LINE FOR RECORDER'S USE

298557

BOOK 293 PAGE 079

# 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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Lester Benton HECKARD		2. September 23, 1992		3. Carson City		COUNTY OF DEATH	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emr. (Specify)		SEX	
3b. Carson City		3c. Sierra Convalescent Center		3d. Inpatient		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6. X		7a. 68		8. January 20, 1924	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Oregon		9c. USA		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. ██████████ 3007		14a. Truck Driver		14b. Freight			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. Riverview Mobile Home Park Sp 50	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)			
16. Roy Heckard		17. Ruth Walker		15e. No			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Beverly Heckard		18b. PO Box 1018, Minden, Nevada 89423					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Sierra Crematory		19c. Reno Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>William W. Taylor</i>		20b. 21		20c. 1281 N. Roop Street, Carson City, Nevada 89706			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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.	
21d. <i>9/23/92</i>		21e. <i>0305</i>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON PRONOUNCED DEAD (Mo., Day, Yr.)		22e. AT PRONOUNCED DEAD (Hour)		22f. ON	
21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22g. AT		22h. LICENSE NUMBER			
23a. Geoffrey S Ames, 1540 Hwy. 395, Gardnerville, Nevada 89410		22i. ON		22j. 6385			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>Steve McLaughlin</i>		24b. <i>September 24, 1992</i>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I (a) <i>Cardiac respiratory arrest</i>		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		(b)		Weeks			
DUE TO, OR AS A CONSEQUENCE OF:		(c)		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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26a. No		26b. Yes		27. Yes			
ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
29a.		29b.		29c.		29d.	

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

Date Issued: **SEP 24 1992**

No. 040537  
*John A. Horvath*  
Deputy Registrar



WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY  
**WESTERN TITLE COMPANY, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

**93 FEB -1 11:50**

SUZANNE BLAUDREAU  
RECORDER

**298557**  
PAID DEPUTY

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