WHEN RECORDED, MAIL TO:	
VBETTY J GEACH	
1439 PURPLE SAGE DR.	
GARDNERVILLE, NV 89410	
AFFIDAVIT-DEATH OF	JOINT TENANT
STATE OF NEVADA)) ss. CARSON CITY)	
D	of legal age, being
That IVILLIAM EUGENE GEA	∴ the decedent mentioned
in the attached certified copy of Cer	
same person as WILLIAM E. GEAC	named as
one of the parties in the following:	\
Document: /NDN/DV46 GRANT DE	ED , Dated SEPT. 19, 14.91
Executed by: EDWARD A. BARB	
Recorded as Instrument No. 2646:	30
Dated NOV. C. 1991, in Book 119	Page 1405
in Official Records of	
covering the following described real	property situated in
DOUGLAS COUNTY . state of Ne	vada:
Lot 36, in Block A, as shown on the map of record in the Office of the County Recorde March 1, 1991, in Book 391, Page 187, as D subdivision of Lot 706 as shown on the map No. 6, filed for record in the Office of t County, Nevada on May 29, 1973, in Book 57 SUBECT TO COVENANTS, CONDITIONS AND RESTRI DOCUMENT NOS. 66662 AND 259727, OF OFFICIA	r of Douglas County, Nevada, on ocument No. 245840, being a of Gardnerville Ranchos Unit he County Recorder of Douglas 3, Page 1026, as File No. 66512. CTIONS NOW OF RECORD UNDER
A.P.N. #29-233-//	
	at CARSON CITY, Nevada.
308541 Deff	Or Land

BK 0 6 9 3 PG 0 3 5 9

STATE OF NEVADA)) ss.
CARSON CITY)
On DATE: MARCH 5, 1993 . before me,
the undersigned, a Notary Public, personally appeared
BETTY J GEACH.
known to me to be the person whose name is subscribed to the
within instrument, and acknowledged to me that she executed
the same.
WITNESS MY HAND AND OFFICIAL SEAL
Pauline Day Beville NOTARY PUBLIC
PAULINE DAY BEVILL NOTARY PUBLIC -NEVADA CARSON CITY My Appt. Expires Oct. 31, 1993



DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH

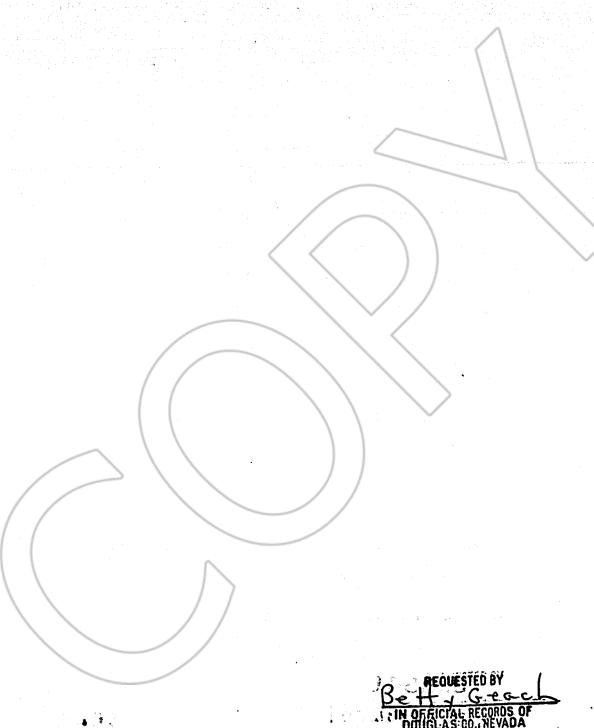
VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE HUNBI		Middle		Last		DATE OF DEATH (M	onth, Day, Year) :=		COUNTY OF DEATH
DECEASED-NAME FIRST				GEAC		2January			3a Carson Cit
, W1111		Eugene	HEB INCTI	TUTION—Name (If no		nt and number)	Hosp, or Inst. indi	cate DOA.	
CITY, TOWN, OR LOCATION O		I .	- 1 to 4	oe Hospit	July 3-2016 (27) 110-12		im, inpatient (Spec le. Emergen	cy Ro	oom / Male
30 Carson City	was Iwa	December of History	n-1an	ectiv () ves (Ano II y	es, AGE-Last		AR UNDER 1	DAY D	ATE OF BIRTH (Mo., Day, Yr.)
PACE—(e.g., White, Black, Amindian, etc) (Specify)		Decedent of Hispanic city Mexican, Cuban, Pr	veno Rican	, etc.	Birthday (Yes	mos DA	YS HOURS	MINS 8.	January 17,19
5 White	6.	CITIZEN OF WHAT COU	INTRY De	cedent's Education.	1 00	MARRIED, NEVER	MARRIED,		ANG SPOUSE (II wile, give maiden
STATE OF BIRTH (If not U.S.A., name country)			gra	ade completed.		WIDOWED, DIVOR		Re	tty Richards
9a California SOCIAL SECURITY NUMBER		96. USA USUAL OCCUPATION	10 Giore Kind		Most of	KIND OF BUSINE	SS OR INDUSTRY		<u> </u>
		Working Life, Even if F	Retired)			14b. Heavy	. Equipme	nt M	anufacturing
13. 4047	COUNTY		Design Icit	Y, TOWN, OR LOCA	TION		AND NUMBER		INSIDE CITY LIMITS
			1	Gardner	and the second second	15d 14	39 Purpl	Le Sa	ge 150. Yes
15a. Nevada FATHER-NAME First	130. D	ouglas Maga	1.50		NOTHER-MAIDE			Middle	Last
		Euart	Gea	26 /	17.	Berr	nice		Thompson
16. Willia		Luall	Gea	MAILING ADDRES			D. No., City or Tow	n, State, Z	ūρ)
				18b. 1439	Purple S	age, Gard	inerville	e, Ne	vada 89410
184. Betty Geacl BURIAL, CREMATION, REMOT	VAL, OTHER	(Specify) CEM	ETERY OR	CREMATORY-NAM	IE .	/	LOCATION	City or	r Town State
_		190.		ntain Vie	The Table 1 and 1	ory	19c. Ré	eno	Nevada
19a. Cremation FUNERAL DIRECTOR—SIGNA	TURE	FUNE	ERAL DIRE	CTOR NAME AND	ADDRESS OF FA	CILITY Walto			f the Valley
(Or Person Acting as Such)		, UCE	NSE NUMB	BER 100		- Ctroot	Carson	City	, Nevada 8970
TIM = //// //			7	120c. 1 Z N	I N. Roc	D BLIEFL	Justanii		
20a. Wiellan	2000000			The same of the sa	I N. Roc	2a. On the basis of e	xamination and/or	investigation	on, in my opinion death occurre
21a. To the best of my a	SIBLEG.	salt occurred at the tyric	ne, date and	The same of the sa		2a. On the basis of e at the time, date	xamination and/or and place and due	investigation to the cau	on, in my opinion death occurre use(s) and manner stated.
21a. To the best of my a		surfactived at the type		The same of the sa) \$3 (2a, On the basis of e at the time, date Signature and Title) DATE SIGNED (Mo.,	examination and/or and place and due	investigation to the cau	on, in my opinion death occurre use(s) and manner stated. OF DEATH
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21a. To the best of my adve to the cause(s) SU (Signature and Take) DATE SIGNED (Mo 21b. / 9 21b. / 9 21b. / 9 21d. NAME OF ATTEND 21d. NAME AND ADOR 23a. CTa1g REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE PART (a) OTHER SIGNIFICA (c) PART (a) OTHER SIGNIFICA (d) PART (I) ACC. SUIC.DE, HCM. UNDER OR PENDING INVEST (Soechy) 23a. IMMEDIATE CAUSE PART (I) ACC. SUIC.DE, HCM. UNDER OR PENDING INVEST (Soechy) 23a. IMMEDIATE CAUSE PART (I) ACC. SUIC.DE, HCM. UNDER OR PENDING INVEST (Soechy) 23a. IMMURY AT WORK (Soechy) 23be.	ESS OF CER Gudmu LUNCE LENTER ONE SA CONSECUTA STA CONSECUTA BY A CONSECUTA	HOUR O 21c. IAN IF OTHER THAN C TIFFER (PHYSICIAN, A IN dS on MD, V ONE CAUSE PER LI CUEINCE OF. CUEINCE OF. CHENCE OF.	DE DEATH 021. CERTIFIER ATTENDING 1190 LLS FOR (a. A. C.	PHYSICIAN, MEDIC. High Sch DATE RE 24b. U. (D), AND (C). WR C. ath but not resulting a FINJURY Di 22cony, crice U.	AL EXAMINER, OF THE PROPERTY O	22a, On the basis of a tine time, date signature and Title) SATE SIGNED (Mo., DATE SIGNED (Mo., DATE SIGNED (Mo., DATE SIGNED (Mo., DATE SIGNED), TYPE CONDUNCED DEAL (Mo., DATE SIGNED), TYPE CONTROL (Mo., DATE SIGNED), TYPE CONTROL (Mo., DATE SIGNED), TYPE CONTROL (Mo., DATE SIGNED) USA GAVEN IN PARIL JURY CCCURRED	AUTOPSY AUTOPSY AUTOPSY AUTOPSY 28. No	HOUR (22c. PRONO 22e. AT V • COMMUNITY (Specify of Mo)	OF DEATH DUNCED DEAD (Hour) LICENSE NUMBER 23b. 6055 NIGABLE DISEASE Interval between onset and do INTERVAL BETWEEN ONSET AND CORCNER (Specify Yes or No) 27. Yes

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

Ву:



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SUZANNE BEAUDREAU S-PAIU-KO DEPUTY