WHEN RECORDED RETURN TO:
Heaton & Doescher, Ltd.
Post Office Box 605
Carson City, NV 89702

## AFFIDAVIT OF DEATH OF JOINT TENANT

STATE	OF	NEVADA	)	)
				ss.
CARSON	1	)		

RUTH B. WENDT, being first duly sworn, deposes and says:

- 1. That PHILIP MARTIN WENDT died on the 29th day of July, 1992 in Glenbrook, Douglas County, State of Nevada, and that a copy of his death certificate is attached hereto as Exhibit "A".
- 2. That at the date of his death the said PHILIP MARTIN WENDT was an owner in joint tenancy with RUTH B. WENDT of certain real property located in the City of Glenbrook, State of Nevada, also known as 21 Fleishman Lane, Glenbrook, Nevada, and particularly described as follows, to wit:

A.P.N. #1-100-57, Lot 21 as shown on the map of UPPAWAY, filed in the office of the County Recorder of Douglas County, Nevada, on May 21, 1976.

3. That upon the death of the said PHILIP MARTIN WENDT the said RUTH B. WENDT became the sole owner of the above-described

1

property as her sole and separate property.	
DATED this 15t day of fully,	1993.
RUTH B. WENDT	· · · · · · · · · · · · · · · · · · ·
STATE OF NEVADA ) ) ss.	
CARSON CITY )	
On this $\int \int \int day  da$	before me
the undersigned Notary Public in and for Carson City,	State of
Nevada, appeared RUTH B. WENDT, who acknowledged to me	that she
executed the before instrument as her free and voluntary	act.
Mathey M. Earter Notary Public	_
NOCALY PADITE	
KATHRYN M. EASTER  NOTARY PUBLIC - NEVADA  CARSON CITY  My Appt Expires March 8, 1996	



MENT OF HUMAN RESOURCE DIVISION OF HEALTH VITAL STATISTICS



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

DECEASED-	AL FILE NUMBER	Middle		Last	DATE OF DEATH	(Month, Day, Year)		ILE NUMBER
	Philip	Mart	in WEI	adar.	2July 29	•. • • • • • • • • • • • • • • • • • •	Q <sub>E</sub>	ouglas
CITY, TOWN, C	R LOCATION OF DEA		THER INSTITUTION—Name	(If not either, give s		If Hosp, or Inst. ind Rm. Inpatient (Spec	icate DOA, OP/Eme	rt. SEX
36.Glenb	rook	₃c.21 Fle	ischman Lane	<u>.</u>		3e.	спу)	Male
RACE—(e.g., V Indian, 5. Whit	hite, Black, American etc) (Specify)	Was Decedent of Hispanic specify Mexican, Cuban, P. 6.	Origin? Specify (1) yes X n fuerto Rican, etc.	o If yes, AGE—Las Birthday ( 7a. 64	Years) MOS C	EAR UNDER 1 HOURS 7c.	MINS	BIRTH (Mo., Day. 20, 19
STATE OF BIR (If not U.S.A., r 9a, Cali	ame country)	CITIZEN OF WHAT COL	JNTRY Decedent's Educinate Completed.	nion. Specify highe	MARRIED, NEVE WIDOWED, DIVO (Specify) Ma	R MARRIED, PRCED Tried	surviving spo	useawa gwama Burton
SOCIAL SECUI		USUAL OCCUPATION Working Life, Even If F	(Give Kind of Work Done (	Duning Most of	KIND OF BUSH	iess on industry truction		
RESIDENCE-		univ Douglas	city, town, on t	de de	196.	TAND NUMBER 1 Fleisch	man (	NSIDE CITY LIMIT Specify Yes or No.
FATHER-NAM		Middle	Last	I MOTHER—MAIC		nt TELECTION	Middle	Last
16.	Gustav	•	Wendt	12 Alice			ooney	
	AME (T) pe or Print)		MAILING AD			.D. No., City or Tow		
18a Ruth	Burton Wh	iteWife	18h 21 F	leischman	n Ln. Gle			9413
	ATION, REMOVAL, OT		TERY OR CREMATORY-	NAME made		LOCATION	Cay or Town	State
19a. Cremi		, AF	uneral Home	& Cromate	enry's	7/11	n City, 1	
	CTOR—SIGNATURES							
(Or Pheoretical		/ · / lifesi					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	יעיו א החחים
	ng as such		YSE NUMBER	2 M Falm	ACILITY Fitz	herry's r	mierar n	
202	ink V.	Lally 200.	#36 20083	3 N. Ectric	onds Dr. (	Carson Ci	ty, Neva	da 8970
	ne best of my knowledg to the cause(s) stated.		#36 20083	3 N. Ectric	onds Dr. ( 22a. On the basis of at the time, dat	Carson Ci	ty, Neva	da 8970
	ne best of my knowledg to the cause(s) stated.	e, death occurred at the time	#30   20083 n, date and place and	3 N. Edm	ONGS Dr. ( 22a On the basis of at the time, date (Signature and Title)	examination and/or is and place and due	ty, Neval nvestigation, in my to the caudity) and	da 8970 opinion desth occi manner stated.
	to the cause(s) stated.  nature and Title)  E SIGNED (Mo., Day, 1)	e, death occurred at the time	#30   20083 n, date and place and	3 N. Edm	DATE SIGNED (Mo.	Carson Ci examination and/or is and place and due Day, Yi.)	ty Nevai nvestigation, in my to the caucity) and HOUR OF DEATH	da 8970 opinion desth occi manner stated.
	he best of my knowledge to the cause(s) stated.  nature and Title)  E SIGNED (Mo., Day, 1)	e, death occurred at the time (A) HOUR OF	#30   20e83	A SUL ECITIC	DNGS Dr. ( 22a. On the basis of at the time, dat (Signature and Title) DATE SIGNED (Mo., 22b. August	carson Ci examination and/or is and place pirtl due Day, Yr.)  7  7  7  7	HOUR OF DEATH	da 8970 opunion death occu manner stated. イナギノミ
3 4	he best of my knowledge to the cause(s) stated.  nature and Title)  E SIGNED (Mo., Day, 1)	e, death occurred at the time	#30   20e83	A SUL ECITIC	DATE SIGNED (Mo.	carson Ci examination and/or is and place pirtl due Day, Yr.)  7  7  7  7	ty Nevai nvestigation, in my to the caucity) and HOUR OF DEATH	da 8970 opunion death occur manner stated.
To be Completed by TYPU CAN TY	the best of my knowledge to the cause(s) stated. Talen E SIGNED (Mo., Day, 1)	e, death occurred at the time (ii) HOUR OF 21c. YSICIAN IF OTHER THAN CO	730 20083	on Ectua	22a. On the basis of 22a. On the basis of 22b. On the basis of at the time, dat (Signature and Tale) DATE SIGNED (Mo., 22b. AUGUST PRONOUNCED DEA 22d. ON JULY	carson Ci examination and/or is and place and due Day, Yr.)  3, 1992  D (Mo., Day, Yr.)  29,1992	ty, Nevac mestigation in my to the cause of and House of DeAth 22c. 0330 PRONOUNCED C	da 8970 opinion deeth occumanner stated.
CERTIFY WG PHYSICIAN TYPE TYPE TYPE TYPE TYPE TYPE TYPE TYPE	the best of my knowledge to the cause(s) stated. Talen E SIGNED (Mo., Day, 1)	e, death occurred at the time (A) HOUR OF	730 20083	on Ectua	22a. On the basis of 22a. On the basis of 22b. On the basis of at the time, dat (Signature and Tale) DATE SIGNED (Mo., 22b. AUGUST PRONOUNCED DEA 22d. ON JULY	carson Ci examination and/or is and place and due Day, Yr.)  3, 1992  D (Mo., Day, Yr.)  29,1992	ty, Nevac mestigation in my to the cause of and House of DeAth 22c. 0330 PRONOUNCED C	da 8970 opinion deeth occumanner stated.
To be Completed by State of the Completed by State of the Complete of the Comp	be best of my knowledge to the cause(s) stated.  nature and Title)  E SIGNED (Mo., Day, 1)  E OF ATTENDING PH	e, death occurred at the time (ii) HOUR OF 21c. YSICIAN IF OTHER THAN CO	#30   20083  In date and place and  F DEATH  ERTIFIER (Type or Print)  TENDING PHYSICIAN, ME	A SI N. ECITIC	22a. On the basis of at the time, dat (Signature and Tale) DATE SIGNED (MO., 22b. AUGUST PRONOUNCED DEJ. 22d. ON JULY OR CORONER). (Type)	examination and/or is and place artif due  Day, Yr.)  3, 1992  D(Mo., Day, Yr.)  29,1992  or Print.) 8942	HOUR OF DEATH 22c. 0330 PRONOUNCED C 22c. AT 0330	da 8970 opinion deeth occumanner stated.  CALLES (Hour) SE NUMBER
To Be Completed by State of the Central Part o	be best of my knowledge to the cause(s) stated.  nature and Title)  E SIGNED (Mo., Day, 1)  E OF ATTENDING PH	e, death occurred at the time (ii) HOUR OF 21c. YSICIAN IF OTHER THAN CI CERTIFIER (PHYSICIAN, AT	730   20083  In date and place and  FDEATH  ERTIFIER (Type or Print)  TENDING PHYSICIAN, MEI  IVESTIGATOR ]	DICAL EXAMINER, C	22a. On the basis of at the time, dat (Signature and Tale) DATE SIGNED (MO., 22b. AUGUST PRONOUNCED DEJ. 22d. ON JULY OR CORONER). (Type)	carson Ci examination and/or is and place pith due Day, Yr.) 3, 1992 D.(Mo., Day, Yr.) 29, 1992 or Print.) 8942 n, Nevada	HOUR OF DEATH  22c. 0330  PRONOUNCED C  22c. AT 0330  UCENS  23. #	DEAD (Hour)
PEGISTRAR	be best of my knowledge to the cause(s) stated.  nature and Title)  E SIGNED (Mo., Day, 1)  E OF ATTENDING PH	e, death occurred at the time (ii) HOUR OF 21c. YSICIAN IF OTHER THAN CI CERTIFIER (PHYSICIAN, AT	#30   20083  a, date and place and  F DEATH  ERTIFIER (Type or Print)  TENDING PHYSICIAN, MEI  IVESTIGATOR	DICAL EXAMINER, CO. BOX	221. On the basis of at the time, dat (Signature and Title) DATE SIGNED (Mo., 220. AUGUST PRONOUNCED DEJ. 22d. ON JULY OR CORONER). (Type) 218 Minde	carson Ci examination and/or is and place pith due by, Yr.) 3, 1992 D (Mo., Day, Yr.) 29, 1992 or Print.) 8942 n, Nevada	TY, Neval (mestigation, in my to the caudito) and House of Death 22c. 0330 PRONOUNCED C 22a. AT 0330 3 UCENS 23b. #	DEAD (Hour)
ACCEPTANCE OF THE PROPERTY OF	be best of my knowledge to the cause(s) stated.  nature and Title)  E SIGNED (Mo., Day, 1)  E OF ATTENDING PH  THE AND ADDRESS OF LARTY Paul	HOUR OF 21c. YSICIAN IF OTHER THAN CI CERTIFIER (PHYSICIAN, AT COYONEY/IN	TOPATH  ERTIFIER (Type or Print)  TENDING PHYSICIAN, MEI  IVESTIGATOR  DATE  246.	DICAL EXAMINER, C	221. On the basis of at the time, dat (Signature and Title) DATE SIGNED (Mo., 220. AUGUST PRONOUNCED DEJ. 22d. ON JULY OR CORONER). (Type) 218 Minde	carson Ci examination and/or is and place pith due Day, Yr.) 3, 1992 D.(Mo., Day, Yr.) 29, 1992 or Print.) 8942 n, Nevada	TY, Neval mestigation, in my to the cay for and property	DEAD (Hour)
BOS due  BOS (Signature)  BOS (Signature	The best of my knowledge to the cause(s) stated.  That was and Table   E SIGNED (Mo., Day, 1)  E OF ATTENDING PHILL   E AND ADDRESS OF LATTY Paul  CAUSE (ENTER	HOUR OF 21c. YSICIAN IF OTHER THAN CI CERTIFIER (PHYSICIAN, AT	TOPATH  ERTIFIER (Type or Print)  TENDING PHYSICIAN, MEI  AVESTIGATOR  DATE  246,  WE FOR (4), (6), AND (6),	DICAL EXAMINER, CO. BOX RECEIVED BY REG	DONGS Dr.  222. On the basis of at the time, dat  (Signature and Tale) DATE SIGNED (Mo., 225. AUGUST PRONOUNCED DE/ 224. ON July DR CORONER). (Type) 218 Minde  (STEVAR (Mo., Day, Young)	carson Ci examination and/or is and place pith due by, Yr.) 3, 1992 D (Mo., Day, Yr.) 29, 1992 or Print.) 8942 n, Nevada	HOUR OF DEATH  22c. 0330  PRONOUNCED C  22c. AT 0330  COMMUNICABLE I  NO CX	DEAD (Hour) DE NUMBER 134 DISEASE
PART (a)	be best of my knowledge to the cause(s) stated.  nature and Title)  E SIGNED (Mo., Day, 1)  E OF ATTENDING PH  E AND ADDRESS OF  LATTY Paul  CAUSE (ENTER  Arterio So	HOUR OF 21C.  YSICIAN IF OTHER THAN CI  CERTIFIER (PHYSICIAN, AT COTONET/IN  ONLY ONE CAUSE PER LIN  Clerotic Hear	TOPATH  ERTIFIER (Type or Print)  TENDING PHYSICIAN, MEI  AVESTIGATOR  DATE  246,  WE FOR (4), (6), AND (6),	DICAL EXAMINER, CO. BOX RECEIVED BY REG	DONGS Dr.  222. On the basis of at the time, dat  (Signature and Tale) DATE SIGNED (Mo., 225. AUGUST PRONOUNCED DE/ 224. ON July DR CORONER). (Type) 218 Minde  (STEVAR (Mo., Day, Young)	carson Ci examination and/or is and place pith due by, Yr.) 3, 1992 D (Mo., Day, Yr.) 29, 1992 or Print.) 8942 n, Nevada	HOUR OF DEATH  22c. 0330  PRONOUNCED C  22c. AT 0330  COMMUNICABLE IN 12  Interval b	DEAD (Hour) SE NUMBER 134 DISEASE DISEASE DISEASE
PART (a)	The best of my knowledge to the cause(s) stated.  That was and Table   E SIGNED (Mo., Day, 1)  E OF ATTENDING PHILL   E AND ADDRESS OF LATTY Paul  CAUSE (ENTER	HOUR OF 21C.  YSICIAN IF OTHER THAN CI  CERTIFIER (PHYSICIAN, AT COTONET/IN  ONLY ONE CAUSE PER LIN  Clerotic Hear	TOPATH  ERTIFIER (Type or Print)  TENDING PHYSICIAN, MEI  AVESTIGATOR  DATE  246,  WE FOR (4), (6), AND (6),	DICAL EXAMINER, CO. BOX RECEIVED BY REG	DONGS Dr.  222. On the basis of at the time, dat  (Signature and Tale) DATE SIGNED (Mo., 225. AUGUST PRONOUNCED DE/ 224. ON July DR CORONER). (Type) 218 Minde  (STEVAR (Mo., Day, Young)	carson Ci examination and/or is and place pith due by, Yr.) 3, 1992 D (Mo., Day, Yr.) 29, 1992 or Print.) 8942 n, Nevada	HOUR OF DEATH  22c. 0330  PRONOUNCED C  22c. AT 0330  COMMUNICABLE IN 12  Interval b	DEAD (Hour) SE NUMBER 134 DISEASE DISEASE DISEASE
REGISTRAR  24a. (Signature)  25. IMMEDIATE  PART (a) (b)	be best of my knowledge to the cause(s) stated.  nature and Title)  E SIGNED (Mo., Day, 1)  E OF ATTENDING PHILL  E AND ADDRESS OF  LATTY Paul  CAUSE (ENTER  Arterio Schue To, OR AS A CON	HOUR OF 216. YSICIAN IF OTHER THAN CI CERTIFIER (PHYSICIAN, AT ACCOPANCY ONE CAUSE PER LIN CIETOTIC HEAT SEQUENCE OF:	TOPATH  ERTIFIER (Type or Print)  TENDING PHYSICIAN, MEI  AVESTIGATOR  DATE  246,  WE FOR (4), (6), AND (6),	DICAL EXAMINER, CO. BOX RECEIVED BY REG	DONGS Dr.  222. On the basis of at the time, dat  (Signature and Tale) DATE SIGNED (Mo., 225. AUGUST PRONOUNCED DE/ 224. ON July DR CORONER). (Type) 218 Minde  (STEVAR (Mo., Day, Young)	carson Ci examination and/or is and place pith due by, Yr.) 3, 1992 D (Mo., Day, Yr.) 29, 1992 or Print.) 8942 n, Nevada	ty, Neval mestigation, in my to the cay for and 22c. 0330 PRONOUNCED C 22e. AT 0330 COMMUNICABLE I NO IX	opinion death occumanner stated.  DEAD (Hour)  DEAD (Hour)  DEAD (SEASE  DISEASE  DI
REGISTRAR  24a. (Signature)  25. IMMEDIATE  PART (a) (b)	be best of my knowledge to the cause(s) stated.  nature and Title)  E SIGNED (Mo., Day, 1)  E OF ATTENDING PH  E AND ADDRESS OF  LATTY Paul  CAUSE (ENTER  Arterio So	HOUR OF 216. YSICIAN IF OTHER THAN CI CERTIFIER (PHYSICIAN, AT ACCOPANCY ONE CAUSE PER LIN CIETOTIC HEAT SEQUENCE OF:	TOPATH  ERTIFIER (Type or Print)  TENDING PHYSICIAN, MEI  AVESTIGATOR  DATE  246,  WE FOR (4), (6), AND (6),	DICAL EXAMINER, CO. BOX RECEIVED BY REG	DONGS Dr.  222. On the basis of at the time, dat  (Signature and Tale) DATE SIGNED (Mo., 225. AUGUST PRONOUNCED DE/ 224. ON July DR CORONER). (Type) 218 Minde  (STEVAR (Mo., Day, Young)	carson Ci examination and/or is and place pith due by, Yr.) 3, 1992 D (Mo., Day, Yr.) 29, 1992 or Print.) 8942 n, Nevada	ty, Neval mestigation, in my to the cay for and 22c. 0330 PRONOUNCED C 22e. AT 0330 COMMUNICABLE I NO IX	DEAD (Hour) SE NUMBER 134 DISEASE DISEASE DISEASE
ACCOMPANY CONTROL OF THE PART (a) (c) (c)	De bost of my knowledge to the cause(s) stated.  nature and Tale)  E SIGNED (Mo., Day, 1)  E OF ATTENDING PH  E AND ADDRESS OF  LATTY Paul  CAUSE (ENTER  Arterio Sc  DUE TO, OR AS A CON-	HOUR OF 21C. YSICIAN IF OTHER THAN CI CERTIFIER (PHYSICIAN, ATCOTONET/IN CORV ONE CAUSE PER LIN CIETOTIC HEAT ISEQUENCE OF:	TOTAL PROPERTY OF THE PROPERTY	DECAL EXAMINER, CO. BOX RECEIVED BY REG	22a. On the basis of the bree, dat the bree, dat the bree, dat the bree the bree that the bre	carson Ci examination and/or is and place pith due by, Yr.) 3, 1992 D (Mo., Day, Yr.) 29, 1992 or Print.) 8942 n, Nevada	ty, Neval mestigation, in my to the cay for and 22c. 0330 PRONOUNCED C 22e. AT 0330 COMMUNICABLE I NO IX	opinion deeth occumanner stated.  DEAD (Hour)  DEAD (Hour)  DEAD (SEASE  DISEASE  DI
ACCOMPANY CONTROL OF THE PART (a) (c) (c)	De bost of my knowledge to the cause(s) stated.  nature and Tale)  E SIGNED (Mo., Day, 1)  E OF ATTENDING PH  E AND ADDRESS OF  LATTY Paul  CAUSE (ENTER  Arterio Sc  DUE TO, OR AS A CON-	HOUR OF 216. YSICIAN IF OTHER THAN CI CERTIFIER (PHYSICIAN, AT ACCOPANCY ONE CAUSE PER LIN CIETOTIC HEAT SEQUENCE OF:	TOTAL PROPERTY OF THE PROPERTY	DECAL EXAMINER, CO. BOX RECEIVED BY REG	22a. On the basis of the bree, dat the bree, dat the bree, dat the bree the bree that the bre	Carson Ciexamination and/or is and place and due is and place a	TY, Neval restigation in my to the caucity and 22c. 0330 PRONOUNCED C 22c. AT 0330 COMMUNICABLE I NO (2) Interval b Interval b	DEAD (Hour) SE NUMBER 134 DISEASE DISEASE DISEASE DISTANCE OF THE PROPERTY OF
REGISTRAR  24a. (Signature)  25. IMMEDIATE  PART  (c)  PART	The best of my knowledge to the cause(s) stated.  The best of my knowledge to the cause(s) stated.  The cause(	HOUR OF 216. YSICIAN IF OTHER THAN CI CERTIFIER (PHYSICIAN, AT L—COPONEY/IN CONTROL CHEST CONTROL SEQUENCE OF: DITIONS—Conditions control	TOTAL PROPERTY OF THE PROPERTY	DECAL EXAMINER, CO. BOX RECEIVED BY REG	22a. On the basis of at the time, dat of the time, dat (Signature and Tale) DATE SIGNED (Mo., 22b.August PRONOUNCED DEJ 22d. ON July PRONOUNCED DEJ 218 Minde ASTRUR (Mo., Day, You Lension	Carson Ci examination and/or is and place and due Day, Yr.) 3, 1992 D (Mo., Day, Yr.) 29, 1992 or Print.) 8942 n, Nevada D DEATH DUE TO 24c. YES []	TY, Neval restigation in my to the caucity and 22c. 0330 PRONOUNCED C 22c. AT 0330 COMMUNICABLE I NO (2) Interval b Interval b	DEAD (Hour) SE NUMBER 134 DISEASE DISEASE DISEASE DISTANCE OF THE PROPERTY OF
REGISTRAR  24a. (Squature)  25. IMMEDIATE  PART  (c)  PART  (c)  PART	The best of my knowledge to the cause(s) stated.  The best of my knowledge to the cause(s) stated.  The cause(	HOUR OF 21c.  YESCUAN IF OTHER THAN CI  CERTIFIER (PHYSICIAN, AT  COTONEY/IN  COLVONE CAUSE PER LIN  CIETOTIC HEAT  SEQUENCE OF:  OTHONS—Conditions contribute  EOF NUMBY (Add., Day, Yr.)	TOPATH  ERTIFIER (Type or Print)  TENDING PHYSICIAN, MEI  IVESTIGATOR  DATE  24b.  IE FOR (a), (b), AND (c),  TT. Disease W	DICAL EXAMINER, CO. O. BOX RECEIVED BY REG  1 The Hyper  g in the underlying ca	22a. On the basis of at the time, dat of the time, dat (Signature and Tale) DATE SIGNED (Mo., 22b.August PRONOUNCED DEJ 22d. ON July PRONOUNCED DEJ 218 Minde ASTRUR (Mo., Day, You Lension	Carson Ci examination and/or is and place and due Day, Yr.) 3, 1992 D (Mo., Day, Yr.) 29, 1992 or Print.) 8942 n, Nevada D DEATH DUE TO 24c. YES []	TY, Neval restigation in my to the caucity and 22c. 0330 PRONOUNCED C 22c. AT 0330 COMMUNICABLE I NO (2) Interval b Interval b	da 8970 opinion destin occumanner stated.  DEAD (Hour) SE NUMBER 134 DISEASE



This is to certify that the above is TATE BEESTECK copy of the certificate on file in this office.

AUG 04 1992

93 JL 12 MO:39 312148 BK0793PG1785