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✓ 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 CITY)

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

property as her sole and separate property.

DATED this 1st day of July, 1993.

Ruth B. Wendt
RUTH B. WENDT

STATE OF NEVADA)
) ss.
CARSON CITY)

On this 1st day of July, 1993, 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.

Kathryn M. Easter
Notary Public



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	STATE FILE NUMBER	
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last Philip Martin WENDT		DATE OF DEATH (Month, Day, Year) July 29, 1992
	CITY, TOWN, OR LOCATION OF DEATH Glenbrook		COUNTY OF DEATH Douglas
DECEDENT	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 21 Fleischman Lane		SEX Male
	RACE—(e.g., White, Black, American Indian, etc) (Specify) White		DATE OF BIRTH (Mo., Day, Yr.) Nov. 20, 1927
IF DEATH OCCURRED IN A INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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) 7a. 64
	STATE OF BIRTH (If not U.S.A., name country) California		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
PARENTS	CITIZEN OF WHAT COUNTRY USA		SURVIVING SPOUSE (If wife, give maiden name) Ruth Burton
	Decedent's Education. Specify highest grade completed. 17		KIND OF BUSINESS OR INDUSTRY Construction
DISPOSITION	SOCIAL SECURITY NUMBER 2826		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) General Contractor
	RESIDENCE—STATE Nevada		INSIDE CITY LIMITS (Specify Yes or No) Yes
CERTIFIER	FATHER—NAME First Middle Last Gustav Wendt		MOTHER—MAIDEN NAME First Middle Last Alice Maria Isabel Rooney
	INFORMANT—NAME (Type or Print) Ruth Burton White—Wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 21 Fleischman Ln. Glenbrook, Nevada 89413
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		CEMETERY OR CREMATORY—NAME FitzHenry's Funeral Home & Crematory
	FUNERAL DIRECTOR—SIGNATURE (Or Print) <i>[Signature]</i>		LOCATION City or Town State Carson City, Nevada
CAUSE OF DEATH	FUNERAL DIRECTOR LICENSE NUMBER #36		NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home & Crematory
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		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. (Signature and Title) <i>[Signature]</i>
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.) August 3, 1992		HOUR OF DEATH 0330
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Larry Paul—Coroner/Investigator P.O. Box 218 Minden, Nevada		PRONOUNCED DEAD (Mo., Day, Yr.) July 29, 1992
CAUSE OF DEATH	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Larry Paul—Coroner/Investigator P.O. Box 218 Minden, Nevada		PRONOUNCED DEAD (Hour) 0330
	23a. REGISTRAR <i>[Signature]</i>		LICENSE NUMBER #134
CAUSE OF DEATH	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 4, 1992		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death Unknown
CAUSE OF DEATH	PART I (a) Arterio Sclerotic Heart Disease with Hypertension		Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		AUTOPSY (Specify Yes or No) 26. No
CAUSE OF DEATH	DATE OF INJURY (Mo., Day, Yr.) 28b.		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
	HOUR OF INJURY 28c. M		DESCRIBE HOW INJURY OCCURRED 28d.
CAUSE OF DEATH	PLACE OF INJURY—All home, farm, street, factory, office building, etc. (Specify) 28e.		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE SEAR
	INJURY AT WORK (Specify Yes or No) 28e.		28g.

No. 040368

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

By: *[Signature]*

Date Issued: **AUG 04 1992**

Deputy Registrar

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DOUGLAS CO., NEVADA

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SUZANNE BEAUDREAU
RECORDER

PAID DEPUTY

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