Diana Hermann

1196 manhattan

Gardnerville, NV 89410

AND WHEN RECORDED MAIL TO

NAME Adele Hermann

STREET P.O. Box 4064

Stateline, NV 89449

CITY.

STATE
ZIP

Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S US

Affidavit--Death of Joint Tenant

Nevada STATE OF CALARONNIA, ss.	
County of Douglas	
as joint tenants, recorded as Instrument No. 142974 book 1086, page 1904, of Official Records of County, California, covering the following described pro Nevada County of Douglas	nann, Robert W. Hermann, Diana Hermann, mann and Sandra L. Ahrens James R. Aherns on October 16, 1986 in Douglas operty situated in the State of California: Nevada:
Lot 60, as shown on the map of Zephyr bin the office of the County Recorder of	F Douglas County, Nevada, on
July 10, 1957	
A.P.N. 05-132-30	
	cliana Hermann
Dated September 5, 1996	Diana Hermann
SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 5th	JANICE K. CONDON Notary Public - State of Nevada Appointment Recorded in Douglas County MY APPOINTMENT EXPIRES FEB. 2, 1997
Janue / Caraor	
Notary Public in and for said-County and State	

ΑТ

(This area for official notarial seal)

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

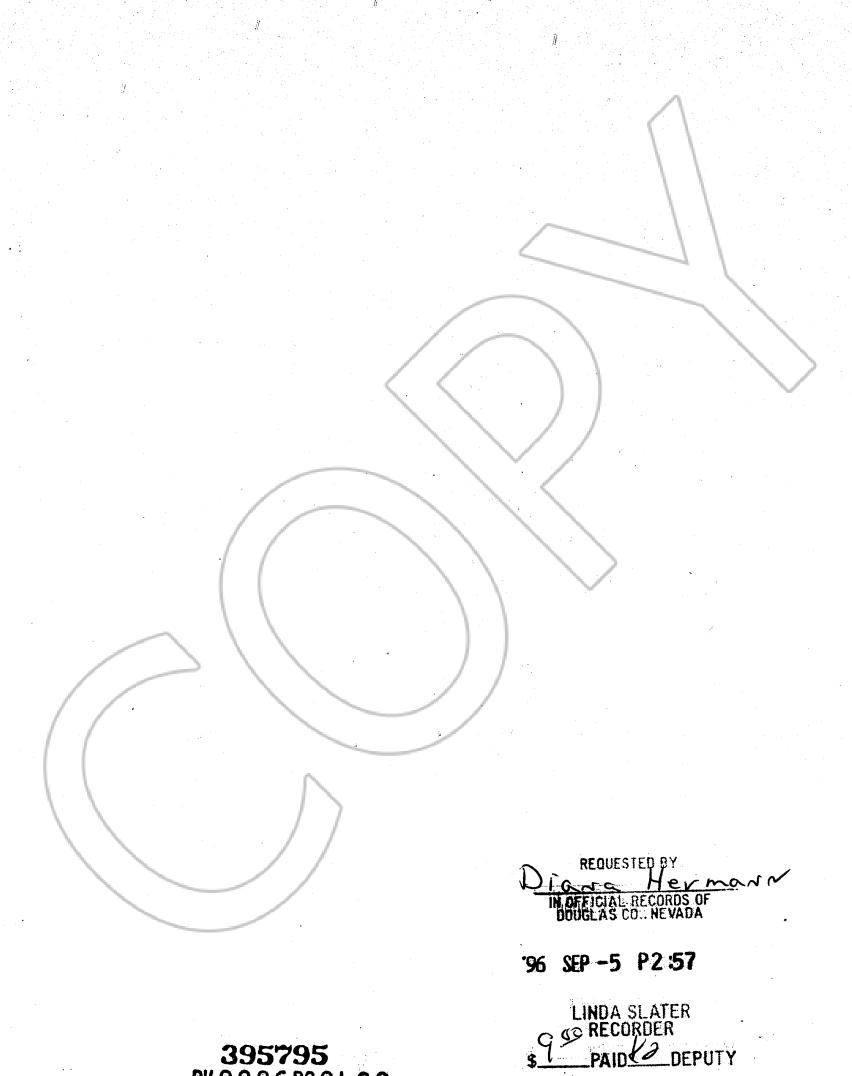
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

ROL	_L 82 IMAGE 909LOCAL FILE NUMBER DECEASED—NAME First	1933 Middle	RTIFICATE OF DE	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
RINT N ANENT K INK	. Gustave	T.	HERMANN	² September 15,1994	3a.Washoe
	CITY, TOWN, OR LOCATION OF DEATH 3b. Reno		JTION—Name (<i>II not either, give s</i> ninistration Ho	Rm. Inpatient (Specify)	
DENI	RACE—(e.g., White, Black, American Indian, etc) (Specify) Was	Decedent of Hispanic Origin? Specify Mexican, Cuban, Puerto Rican, 6	ify □ yes □Xno If yes, AGE—Las etc. Birthday (Years) UNDER 1 YEAR UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.)
ATH	5. White 6. STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY Dece	7a. 75 edent's Education. Specify higher e completed.	st MARRIED, NEVER MARRIED, SI WIDOWED, DIVORCED	B.December 5, 191
RED IN UTION IDBOOK	9a. Connecticut	Bb. U.S.A: 10. JSUAL OCCUPATION (Give Kind of	12	(101/1)	Adele Klepps
RDING TION OF CE ITEMS		Working Life, Even If Rétired) ^{14a.} Manager		14b. Retailing	
احا	RESIDENCE—STATE COUNTY 15a. Neva da 15b. Do		TOWN, OF LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada 15b. Do		Zephyr Cove ast MOTHER—MAIL	15d. 701 Lakeview First Mi	Dr. 15e. Yes
	16. Theodore INFORMANT—NAME (Type or Print)	<u>Hern</u>	1ann 17. MAILING ADDRESS ()	Leonida (Street or R.F.D. No., City or Town, Stat	Fink e. Zip)
1	18a.Adele Hermann		18b. P.O. Box 406	4 Stateline Nevada 8	9449
	BURIAL, CREMATION, REMOVAL, OTHER (S	pecify) CEMETERY OF CR	en Nevada Veter I Cemetery	ans LOCATION C	y or Town State ernley Nevada
THUN	FUNERAL DIRECTOR—SIGNATURE (Or Ferson Victing by Such)	FUNERAL DIRECTO	OR NAME AND ADDRESS OF F		ome Nevau
<u> </u>	204 JNCNV Z 21a. To the best of my knowledge, death	20b. 16	20c. 875 West S	econd Street Reno, Ne	ation in my oninion death occurred
Se pe	due to the cause(s) stated.	itin & B	1 4 10 8	at the time, date and place and due to the (Signature and Title)	cause(s) and manner stated.
omplet	CSIgnature and Title) DATE SIGNED (Mo., Day, Yr.) 21bSeptember 16, NAME OF ATTENDING PHYSICIAN	1994 ²¹⁰ 0315	l les		R OF DEATH
FIER g	NAME OF ATTENDING PHYSICIAN	1994 ^{21c.} 031.5 HIF OTHER THAN CERTIFIER (Typ	1/2/2000 December // 1/2/2		NOUNCED DEAD (Hour)
-	NAME AND ADDRESS OF CERTIF	IER (PHYSICIAN, ATTENDING PHY	SICIAN, MEDICAL EXAMINER, O	22d. ON 22e.	AT LICENSE NUMBER
		· CONTROL OF CONTROL OF STREET FROM R. J.	Locust Street,	Reno, NV 89520	23b.
IONS	REGISTRAR	Share In		STRAR (Mo., Day; Yr.) DEATH DUE TO COMN	
TO	5. IMMEDIATE CAUSE (ENTER ONLY C	ONE CAUSE PER LINE FOR (a), (b),	ep 246. September	16, 1994 24c. YES□ NO	• Interval between onset and deat
THE YING LAST	PART (a) Metastatic II		/_/		Few months
4/) (b)		_//		
	DUE TO, OR AS A CONSEQUE	NCE OF:			Interval between onset and death
OF -	(c) OTHER SIGNIFICANT CONDITIONS	-Conditions contributing to death bu	it not resulting in the underlying car	use given in Part I. AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
	" Malnutrition CC., SUICIDE, HOM., UNDET. DATE OF INJ OR PENDING INVEST.	; Anasarca	JRY DESCRIBE HOW INJ	26. NO	27. NO
(5	OR PENDING INVEST. Specify) 8a. 28b.	28c.	M 28d.		
		NJURY—At home, farm, street, factory building, etc. (Specify)	123 (24, 144)	STREET OR R.F.D. No. CITY C	R TOWN STATE
3 <u> </u>	8e. 28f.	/ /_	28g. -	.	065163
	The state of the s	SEAL			

STATE REGISTRAR

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

Deputy Registror: SEP 2.1. 1994



PAID DEPUTY

395795 BK 0 9 9 6 PG 0 4 2 8