to

## AFFIDAVIT--DEATH OF JOINT TENANT

STATE	OF	NEVADA	)	
			)	ss.
Countr	- 01	DOLLAR S	`	

TRE

County of Douglas

PATRICIA BAER , of legal age, being first duly sworn, deposes and says: That ALBERT THEODORE BAER the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ALBERT BAER , named as one of the parties in that certain INDIVIDUAL GRANT DEED dated 08/24/92, executed by WILLIAM S. WAGNO, an unmarried man

ALBERT BAER and PATRICIA BAER, husband and wife

as joint tenants, recorded as Instrument No. 285638, on August 11, 1992 in Book 892 , Page 1512, of Official Records of Douglas , County, Nevada covering the following described property situate in the County of Douglas , State of Nevada:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 138, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 20, 1967, in Book 47, Page 761, as Document No. 35464.

APN 37- 200-17

Dated February 3, 1997

STATE OF NEVADA

)SS.

County of Douglas

This instrument was acknowledged before me on February 3, 1997 by PATRICIA BAER

> SHARI CROUCH Notary Public - State of Nevada Appointment Recorded in Douglas County No: 92-4429-5 - Expires June 3, 2000

FOR RECORDER'S USE

0405965



## 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

ı			ı		" ITIOATI	- 01 DL	~111	ı			
E_ /	LOCAL FILE NUMBE DECEASED—NAME First	R	Middle		Last		DATE OF DEA	TH (Month, Day, Year)	STA	COUNTY OF	
NENT	, Alb	ert	Theodore		BAE	!R	2 Nove	mber 28, 19	996	3a. Doug	olas
NK	CITY, TOWN, OR LOCATION OF		HOSPITAL OR OTH				1	If Hosp, or Inst. Inc	icate DDA, O	1	SEX
	3b. Gardnervill	e	3c. Carson	Valle	y Medica	l Cente	er	Rm. Inpatient (Spe	cify) acy Ro	om 4	Male
$\mathbf{I}$	RACE-(e.g., White, Black, Ame	rican Was	Decedent of Hispanic C city Mexican, Cuban, Put		-			1 YEAR   UNDER	DAY DAT	E OF BIRTH (	Mo., Day, Yr.)
	indian, etc) (Specify) 5. White	spec	city Mexican, Cuban, Pu	irto Rican, o	ic.	7a. 69	ears) MOS 7b.	DAYS HOURS 7c.	MINS 8.	Octobe	r 29,192
	STATE OF BIRTH		CITIZEN OF WHAT COUN	TRY Dece	dent's Education.		MARRIED, N	EVER MARRIED,			ife, give maiden nam
l	(If not U.S.A., name country) 9a. <b>Illinois</b>		9b. USA	10.	completed.	16±	WIDOWED, I	irried	₀ Pa	tricia	Weakley
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION ( Working Life, Even if Re	Give Kind of	Work Done During	Most of		ISINESS OR INDUSTRY			
	13. 8584		14a. Commerci	al Pi	lot		14b. Un:	ion Flights	5	1	
	RESIDENCE—STATE	COUNTY		CITY,	TOWN, OR LOCAT	ION	STI	REET AND NUMBER		INSIDE C	CITY LIMITS Yes or No)
_	15a. Nevada	15b. DC	ouglas	15c.G	ardnervi	11e	150	.1315 Hemat	ite	15e. Y	
>	FATHER-NAME First	- L	Middle		ast N	OTHER-MAIDE	EN NAME	First	Middle	\	Last
_	16. James	S		Ва	er 🖊 📊	7.	- I	lma		Bul	bb
	INFORMANT—NAME (Type or Pr	-			MAILING ADDRES	7	7%.	R.F.D. No., City or Tow		7%	
	18a. Patricia Ba	er - W	Vife	l,	<sub>18ь.</sub> 1315	Hematit	e Well:	ington, Nev	rada (	89444	
/	BURIAL, CREMATION, REMOVA	L, OTHER (	-, ,,		EMATORY-NAMI			LOCATION	City or To		State
	<sub>19a.</sub> Cremation		19b. F	itzHe	nry's Cr	ematory	, , <u>, , , , , , , , , , , , , , , , , </u>	19c. Carson	City	, Neva	da
	FUNERAL DIRECTOR—SIGNAT	URE	FUNER. LICENS	AL DIRECTO	R NAME AND	ODRESS OF FA	ACILITY Fitz	Henry's Ca	rson	Valley	Funeral
_	20a.	Tar	206. #	126	20c.Home	1555 H	lwy 395,	, Minden, P	levada	8942.	3
	Z 212. To the best of my kno due to the cause(s) si	wledge, deal ated.	th occurred at the time, o	iate and pla	ce and	\ \ \	22a. On the basi at the time,	s of examination and/or date and place and dee	investigation the cause	n my epinion (s) and manner	death occurred stated.
	due to the cause(s) si			The second second	Name and Address of the Address of t	2 <u>8</u>	Signature and T	itle) 🕨 //-/	uurur	wii ;	#255
	DATE SIGNED (Mo.,	Day, Yr.)	HOUR OF I	EATH		G S	DATE SIGNED (		HOUR OF		
	8 21b.		21c.	The Party Name of Street, or other Designation of the Party Name of Street, or other Designation of the Party Name of Street, or other Designation of the Party Name of Street, or other Designation of the Party Name of Street, or other Designation of the Party Name of Street, or other Designation of the Party Name of Street, or other Designation of the Party Name of Street, or other Designation of the Party Name of Street, or other Designation of the Party Name of Street, or other Designation of Street, or		1 . 0	Ta. 150	ber 3, 199			
	NAME OF ATTENDIN	G PHYSICIA	IN IF OTHER THAN CEF	TIFIER (Typ	e or Print)	1,00	7%	DEAD (Mo., Day, Yr.)		CED DEAD (H	our)
	41u.				1			. 28,1996	22e. AT 1		
			FIER (PHYSICIAN, ATTE		7%	76.	7%	- F		ICENSE NUMI	
\		cnita	rian - Depu	ity Co						зь. #255	
	REGISTRAR	1600	1. Also	-du	1	Page REGIS	STHAH (MO., Da)	, Yr.) DEATH DUE TO		ABLE DISEASI	Ë
	24a. (Signature) 25. IMMEDIATE CAUSE (El	THEN	in file	12 July 183	24b.	00.3	-///	24c. YES	-41	longal between	enest and doub
		- N	ONE CAUSE PER LINE	гон (a), (b)	, AND (C).)				•	SELATI DELMECII	onset and death
	PART (a) Cardiac	. %.	76.						• Int	anyal hatwaan	onset and death
d		74	tic Cardiov		or Dico	/na /		•	• ""	CIVAI DO(WCCII	Onset and ocam
r	DUE TO, OR AS		76. 76.	ascul	ar Drse	156			• Int	erval between	onset and death
	Son to; out no.	· OOMOLGO	ENOCIO!	The state of the s					: "		
	(c) OTHER SIGNIFICANT	CONDITION	IS—Conditions contribution	a to death b	ut not resulting in t	ne underlying cau	use given in Part	I. AUTOPSY (	Specify WAS	S CASE REFE	RRED TO
	PART					,,	<b>.</b>	26. NO	or No) COF	S CASE REFER RONER <i>(Specif</i> YES	y Yes or No)
ı	ACC., SUICIDE, HOM., UNDET.,	DATE OF I	NJURY (Mo., Day, Yr.) H	OUR OF INJ	URY I DES	CRIBE HOW INJ	JURY OCCURRE				
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	28b.	28	10	M 28d.						
	INJURY AT WORK		F INJURY—At home, farm	street, factor		ATION.	STREET OF	R.F.D. No.	CITY OR TO	WN ST.	ATE
	(Specify Yes or No)	281.	building, etc. (8	Specify)	28g.						
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Y			/ /		STATE REG	ISTRAR			No. 1	.035	47
1						· · · · · · · · · · · · · · · · · · ·	1.			-	
E.							AL		\ .	n -	

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

Date Issued: DEC 0 3 1996

0405965

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMEN

Patricial RECORDS OF
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

'97 FEB -3 P12:53

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BK0297PG0 L35

LINDA SLATER .

RECORDER

PAID DEPUTY