C/O WESTERN TITLE RETURN TO FILE

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)	
) ss.	
County of Douglas)	
ALBERTA M. HARTUNIAN , of legal age, being first duly sworn	٦,
deposes and says:	
That VARSHAN HARTUNIAN , the decedent mentioned in the at	t-
tached certified copy of Certificate of Death, is the same person a	3£
VARSHAN A. HARTUNIAN , named as one of the parties in that certain	
GRANT, BARGAIN, SALE DEED dated 08/04/82, executed by	
JOHN T. MERRITT AND GAYLE MERRITT	
	tc
VARSHAN A. HARTUNIAN AND ALBERTA M. HARTUNIAN, Husband and Wife	
VIII. III. III. III. III. III. III. III	
as joint tenants, recorded as Instrument No. 70793, on September 8, 1982	2
in Book 982 , Page 312 , of Official Records of Douglas , County, Neva	•
covering the following described property situate in the County of	
Douglas , State of Nevada:	-
boughas , boute of Nevadar	
All that certain lot, piece or parcel of land situate in the County of	>
Douglas, State of Nevada, described as follows:	
Journal of House, desired as well as the second of the sec	٠
Lot 18, in Block F, as said lot and block are shown on that certain map	
entitled "AMENDED MAP OF RANCHOS ESTATES", filed for record on October 30) .
1972, in Book 1072, Page 642, as Document No. 62493.	- ,
2572, 211 20011 1072, 1ego 012, do 20011101101101101	
A.P.N. 27-631-14	
	Ì
	•
	•
Dated February 25, 1997	
	2
STATE OF NEVADA) Slesta Kartiene	0
)SS. ALBERTA M. HARTUNIAN	
County of ORANGE)	
This instrument was acknowledged	
hefore me on Market 20 1997 ()	
before me on MARCH 20, 1997 by P. Coz, MARTINETTO, NOTARY WAYC	
FOR RECORDER'S USE	• •
R. COZI MARTINETTO	
COMM. # 999519 Notary Public — California	
ORANGE COUNTY	

My Comm. Expires AUG 10, 1997

0410860



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

IN .	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
PERMANENT BLACK INK	t. Varshan	HOSPITAL OF OTHER	HARTUNIAN INSTITUTION—Name (If not either, give si	2 June 13, 1996	3a Douglas
DECEDENT	3b. Gardnerville RACE—(e.g., White, Black, American V	3c. 914 Co11	ımbia Court	Rm. Inpatient (Specify) 3e:	DOA, OP/Emer. SEX 4. Male
	Indian, etc) (Specify) 5. White	Vas Decedent of Hispanic Origi pecify Mexican, Cuban, Puerto	n? Specify □ yes 1xno if yes, Rican, etc. AGE—Las Birthday (\ 7a. 73	(ears) MOS DAYS HOURS MIN 7b. 7c.	
IF DEATH OCCURRED IN INSTITUTION	STATE OF BIRTH (If not U.S.A., name country) 9a. California	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify higher grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	URVIVING SPOUSE (If wife, give maiden name)
SEE HANDBOOK REGARDING COVPLETION OF RESIDENCE ITEMS	SO UMBER	I working Life. Even if Ratifed	10. 7 Kind of Work Cone During Most of 	(Specify) 11. Married 11. Married 11. Married 11. Married 11. Married	2 Alberta Schilling
RESIDERCE ITEMS	RESIDENCE—STATE COUNT	14a. Truck I	CITY. TOWN, OR LOCATION	14b. Trucking Indus	INSIDE CITY LIMITS
	15a. Nevada 15b.	Douglas Middle	15c. Gardnerville Last MOTHER—MAID	15d.914 Columbia	
PARENTS	16. Bakrat INFORMANT—NAME (Type or Print)	Har	tunian 17.	Hustian	Manoogian
	18a. Alberta Hartuni		MAILING ADDRESS 188.914 Columbia	(Street or R.F.D. No., City or Town, St ct. Gardnerville,	
	BURIAL, CREMATION, REMOVAL, OTHER		OR CREMATORY—NAME	LOCATION	ity or Town State
ISPOSITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL D	ory Garden Memoria	ACILITY Walton's Chapel	Brea Calif. of the Valley
}	20a. 2/a 3 ine best of my knowledge, due to the cause(s) stated.	~) ²⁰⁰ .	/	op St. Carson City	, Nevada 89706
	(Signature and Title) DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEAT	TMUX 198	Signature and Title)	cause(s) and manner stated. UR OF DEATH
ERTIFIER	21b. 6/14/19	21c. 023	s, aug complete	22b. 22c	발표되는 회사인을 보는 생기를 보고하다.
	으면 21d.		l ^e		DNOUNCED DEAD (Hour)
			IG PHYSICIAN. MEDICAL EXAMINER. OF LOCUST St. Reno,	CORONER). (Type or Print.)	LICENSE NUMBER
CONDITIONS IF ANY	HEGISTHAN	311 11. J. 1000	DATE RECEIVED BY REGIS	NEVAGA 89520 TRAR (Mo.: Day, Yr.) DEATH DUE TO COM	MUNICABLE DISEASE
IF ANY /HICH GAVE RISE TO MMEDIATE	24a. (Signature) LIGHT 25. IMMEDIATE CAUSE (ENTER ONL	Y ONE CAUSE PER LINE FOR	24b. 6 - 14 - 96 (B). (D), AND (C).)	24c. YES□ N	• Interval between onset and death
CAUSE TATING THE NDERLYING AUSE LAST	PART (a) PS / / P	atory o	rresx		SMIN
لحا	(b) respir	ators t	a, lire		Interval between onset and death
AUGE OF	DUE TO, OR AS & CONSEO	UENCE OF: 1			Interval between onset and death
AUSE OF DEATH	PART OTHER SIGNIFICANT CONDITIO	NS—Conditions contributing to c	leath but not resulting in the underlying cau	Yes or No	CORONER (Specify Yes or No)
	ACC SUICIDE HOM LINDET TOATE OF	INJURY (%b. Day, Yr.) HOUR		26. NO	27. Yes
	OH PENDING INVEST.		DESCRIBE HOW INJI	JRY OCCURRED	이 제공항 그녀를 만든지 말이 끊이 하지만?
	(Specify) 28b. INJURY AT WORK PLACE C	28c. F INJURY—At home, farm, street	M 28d.		DR TOWN STATE
	(Specify) 28a. 28b.	28c.	M 28d.		DR TOWN STATE
	(Specify) 28b. INJURY AT WORK (Specify Yes or No) PLACE C	28c. F INJURY—At home, farm, street	M 28d. tactory, office LOCATION.	STREET OR R.F.D. No. CITY	097148
	(Specify) 28a. INJURY AT WORK (Specify Yes or No) 28e. PLACE C 28f. This is to cert of the certific	28c. F INJURY—At home, farm, street building, etc. (Specify	tactory office LOCATION: 28g.	STREET OR R.F.D. No. CITY	
	(Specify) 28a. INJURY AT WORK (Specify Yes or No) 28e. 28f. This is to cert of the certific (CI) (SI) (A) (CI) (A) (C	28c. F INJURY—At home, farm, street building, etc. (Specify,	tactory office LOCATION: 28g.	STREET OR R.F.D. No. CITY	
	(Specify) 28a. INJURY AT WORK (Specify Yes or No) 28e. PLACE C 28f. This is to cert of the certific	28c. F INJURY—At home, farm, street building, etc. (Specify,	tactory office LOCATION: 28g.	STREET OR R.F.D. No. CITY NO By:	

WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

'97 APR 18 P3:15

0410860 BK0497PG2885 LINDA SLATER
RECORDER

PAID & DEPUTY