## AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA ) ) ss.
County of Douglas )
OSCAR REESE , of legal age, being first duly sworn, deposes and says:  That CHARLOTTE L. REESE , the decedent mentioned in the at-
tached certified copy of Certificate of Death, is the same person as CHARLOTTE REESE , named as one of the parties in that certain DEED OF TRUST dated 10/14/87, executed by PAUL LARKIN and EVELYN ANN LARKIN, husband and wife
OSCAR REESE and CHARLOTTE REESE, husband and wife
as joint tenants, recorded as Instrument No. 164516, on October 16, 1987, in Book 1087, Page 2175, 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:
Being a portion of the Southwest 1/4 of Section 34, Township 14 North, Range 20 East, M.D.B. & M., further described as follows:
Parcel 1 of Parcel Map NO. 1 for OSCAR N. REESE and CHARLOTTE L. REESE, being a portion of Lot 4 Artemisia Subdivision, filed for record February 16, 1983, Book 283, Page 1467, Document No. 76253, Official Records of Douglas County, State of Nevada. A.P.N. 21-194-15
Dated May 12, 1997
STATE OF NEVADA  ) OSCAR REESE  County of Douglas  )
This instrument was acknowledged before me on 5/4/9
by OSCAR REESE
SHARI CROUCH Notary Public - State of Nevada Appointment Recorded in Douglas County No: 92-4429-5 - Expires June 3, 2000

Notary Public

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DEPARTMENT OF H
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## 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

TYPE	LOCAL FILE NUMBER  DECEASED—NAME First Middle			Last		DATE OF DEATH (Month, Day, Year)			FILE NUMBER
OR PRINT IN									0 0:1
PERMANENT BLACK INK	1. Char		L OR OTHER INSTI	REESE   2. Se]			ber 28, 1	icate DOA, OP/Em	
		Rm. Inpatient (Specify)							4 Female
DECEDENT	3b. Carson City BACE—(e.g., White, Black, Ameri		Was Decedent of Hispanic Origin? Specify Clives & no if yos, AGE—Last UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH						
	Indian, etc) (Specify)	specify Mexican, 0	Cuban, Puerto Rican, etc. A Birthday (Ye			rs) MOS : D	DAYS HOURS		Ly 10, 1918
IF DEATH	STATE OF BIRTH	Į - ·		ecedent's Education. Sp		MARRIED, NEVE	R MARRIED,		OUSE (If wife, give maiden name)
OCCURRED IN INSTITUTION	(If not U.S.A., name country) 9a. Pennsvlvania	. J <sub>96.</sub> US	grade completed.			(Specify) Married 12. Oscar Reese			
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	UPATION (Give Kind of Work Done During Most of Even If Retired)			KIND OF BUSINESS OR INDUSTRY				
COMPLETION OF RESIDENCE ITEMS	13. 3032	·	14b. Newspaper						
I.	RESIDENCE—STATE	COUNTY	CIT	CITY, TOWN, OR LOCATION		STREE	T AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
->	<sup>15a.</sup> Nevada	15b. Douglas	15c.	Genoa			00 Carson		15e. No
PARENTS	FATHER—NAME First	Middle			HER-MAIDEI	-	irst	Middle	Last
Carrie Carrie	16. Orrin		Leste	r 17.		Lill (Street ov 8)	ian F.D. No., City or Tow	n State Zin\	Filler
	INFORMANT—NAME (Type or Pri					Mary Control		The same of the sa	
18a. Oscar Reese - Husband 18b. 100 Carson Street, Genoa, Nevada 89411  BURIAL CREMATION, REMOVAL, OTHER (Specify)   CEMETERY OR CREMATORY—NAME   LOCATION   City or Town   State   Company   Compan									
		_	19b. Mott	sville Cem	otory	. \	19c. Minde	n. Nevad	V. "N.
DISPOSITION	FUNERAL DIRECTOR—SIGNATURE	IRE	FUNERAL DIREC	TOR I NAME AND ADD		CILITY Fitz			alley Funeral
	(Or Person Action as Organia	alex_	20b. 126	20c. Home	. 1555		, Minden,		
	- 211 Po the best of my know	wledge, death occurre at			22	a. On the basis of	examination and/or i	nvestigation, in my	v opinion death occurred
	20	Mechon		an Time		ignature and Title)	<b>&gt;</b>		
	Signature and Title)  DATE SIGNED (Mo., )  OAL SIGNED (Mo., )  OAL SIGNED (Mo., )  OAL SIGNED (Mo., )  OAL SIGNED (Mo., )	(y, yr.)	OUR OF DEATH		completion of Office of Of	ATE SIGNED (Mo.,	, Day, Yr.)	HOUR OF DEAT	TH .
CERTIFIER	21b. 9/30	<i>i</i> 30 - L	1c. 20:3				10 W. D. V.)	PRONOUNCED	DE40 (//)
CHILITIES	PE NAME OF ATTENDING	3 PHYSICIAN IF OTHER	THAN CENTIFIER (	Type or Print)	결정 편	TONOUNCED DEA	AD (Mo., Day, Yr.)	PHONOUNCED	DEAU (HOUI)
		OF CERTIFIER (PHYSIC	IAN ATTENDING P	PHYSICIAN, MEDICAL E	22 XAMINER, OR	d, ON CORONER), (Type	e or Print.)	22e. AT	ISE NUMBER
	220 -	/		7%	N	*No.			
CONDITIONS	REGISTRAR R.	Yamamoto, 6	04 W. Was	shington. (	ED BY REGIST	TRAR (Mo., Day, Y	r.) DEATH DUE TO	U.) I	5778 E DISEASE
CONDITIONS IF ANY WHICH GAVE	24a. (Signature) Lect M Kaughan 24 States 1, 1996 24c. YES NO 57								
RISE TO IMMEDIATE	25. IMMEDIATE DAUSE (EN	TER ONLY ONE CAUSE		(b), AND (c).)	\	1	>	Interval	between onset and death
CAUSE STATING THE UNDERLYING	PART (a) Mo	potsti to	Vens Car	reinne	\			<u> </u>	
CAUSE LAST	DUE TO, OR AS A	CONSEQUENCE OF:		/	\			Interval	between onset and death
<b>_</b>	(b)	CONSEQUENCE OF:			-			e Interval	between onset and death
	DUE 10, OH AS A	CONSECUENCE OF:						• IIIIGIVAI	Detween Onset and death
CAUSE OF	(c) OTHER SIGNIFICANT	CONDITIONS—Conditions	contributing to deat	h but not resulting in the	underlying caus	e given in Part I.	AUTOPSY (	Specify   WAS CA	SE REFERRED TO
DEATH	PART //	don's Meen	11.	/	/		100	or No) CORONE	R (Specify Yes or No)
	ACC., SUICIDE, HOM., UNDET.,	100	<del></del>	INJURY DESCR	IBE HOW INJU	RY OCCURRED	No.		_No
///	OR PENDING INVEST. (Specify) 28a.	28b.	28c.	M 28d.	<i>*</i>				
/ /	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At	home, farm, street, faciliting, etc. (Specify)	ctory, office LOCAT	ION.	STREET OR R.	F.D. No.	CITY OR TOWN	STATE
/ /		28f.		28g.					,
	CK ONE MINING						1	No 10	2868
	ments of the			STATE REGI	STRAR			140. I O	2000
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	In counts 1 16	/	/				<i></i>	J. W.	
		Date Issued:		T 0 1 1998.		, •	Sta	ite Registrar	
				Collin Cal		(d)		WY V	
	Normal A	WAR		AL TO ALTER OR CO		UMENT			
			BK (	1597 FG Z	330	47	2544	>	



0412546 BK0597PG2339 LINDA SLATER
RECORDER
PAID K DEPUTY