WESTERN TITLE COMPANY RETURN TO FILE

AFFIDAVIT -- TERMINATION OF LIFE ESTATE

STATE OF NEVADA	•			
) ss.			
County of DOUGLAS)			
GEORGE J. FOURNIER	, 0:	£ legal age,	being first	duly sworn
deposes and says:				
That ALICE Y. FOURNIER	•	, the dece	edent mentione	ed in the at
tached certified copy	of Certif:			
ALICE FOURNIER			the parties in	
AGREEMENT		5/94, execute		
GEORGE FOURNIER AND NAM	•	- •		
				\
				\
, reco	ded as Instr	cument No. 34	10175, on June	16. 1994
in Book 0694, Page 3783			The state of the s	1.*
covering the following				
DOUGLAS , State of Ne		a property	Situate in the	is comity o
, 2000 01 110	.vuuu.			
All that certain lot, n	siece or pare	~el of land s	ituate in the	County of
Douglas, State of Nevad				Country of
Tought, Toute of Neva	ia, acceptible	A do LOTTONS.]]	
Lot 2 , in Block C, as	shown on the	man of ROUN	ID HILL VILLAGI	E LINTT NO 4
filed in the office of				
April 25, 1966, in Book				
	-	as boodiment.		
/ /		()		
/ /		/ /	\ /	
		\ \	~	
\ \		\ \		
Dated December 8, 1997)) .	•	•
		1 1.	$\hat{}$)
STATE OF NEVADA	,	1 Dear	ac Kourn	ur
,)ss.	GEORGE J	. FOURNIER	1
County of Douglas)	- GEORGE C	· POORIVEDIC	;
June 2 and 2				
This instrument was acl	thow] edged	•		•
before me on Dec 10,10				
by GEORGE J. FOURNIER	1 1/2			
	/			
\ \ \	/			
		: F	FOR RECORDER'S	USE
	/	:		
	,	:		
		:		
1		:		
		:		
/ Why (Seleno		:	•	
Notary Public		:		
/ "		:		
•		:		
0.12.5.11.		:	•	
SUZANNE CHEECHO Notary Public - State of Ne		:		
Appointment Recorded in Douglas		:	•	
LAVADDOMINITATING CONTROL OF THE	OF 4000 :			

244+

0428496

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

TYPE	COUNT FILE HOWBER	1					STATE FILE NOWIDEN		
OR PRINT (DECEASED—NAME First	Middle	•		E OF DEATH (Month,		COUNTY OF DEATH		
PERMANENT	PERMANENT 1. Alice				February		3a. Douglas		
BLACK INK CITY, TOWN, OR LOCATION		DEATH HOSPITAL OR	OTHER INSTITUTION—Name (If not e	ither, give street and	et and number) If Hosp. or Inst, Indicate DC Rm. Inpatient (Specify)		A, OP/Emer. SEX		
DECEDENT	3b. Zephyr Cove	3c. 309	Seminole Way		3e.	7	4 Female	2	
DECEDENT	RACE—(e.g., White, Black, American, etc.) (Specify)	can Was Decedent of Hispan	ic Origin? Specify I yes I no If yes, Puerto Rican, etc.	AGE-Last Birthday (Years)	UNDER 1 YEAR MOS • DAYS	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)		
	5. White	6.	ruento nican, etc.	7a. 89	MOS DAYS	HOURS MINS	8April 24, 1907		
IF DEATH	STATE OF BIRTH	CITIZEN OF WHAT CO	DUNTRY Decedent's Education. Sprade completed.		•	•	/IVING SPOUSE (If wife, give maiden na	me)	
OCCURRED IN	(If not U.S.A., name country)		1.0	WID (Spo	DOWED, DIVORCED	, /\	• •		
INSTITUTION SEE HANDBOOK	9a. Massachusetts SOCIAL SECURITY NUMBER				(Specify Widowed 12.				
REGARDING COMPLETION OF		N (Give Kind of Work Done During M Retired)							
RESIDENCE ITEMS	.13.	14a. Clerk		14	b City Ho				
	RESID	COUNTY	CITY, TOWN, OR LOCATIO	N	STREET AND	NUMBER	INSIDE CITY LIMITS (Specify Yes or No)		
-> [15a. Nevada	15b. Douglas	15c. Zephyr Co	ve	15a. 309	Seminole '			
	FATHER-NAME First	Middle		HER-MAIDEN NAI	ME First	Midd	e Last	-	
FARENTS	16.	in the state of t	17.			. \	1	ļ	
1	INFORMANT—NAME (Type or Prin	nt)	MAILING ADDRESS		(Street or R.F.D. No.	, City or Town, State,	Zip)		
<u> </u>									
	18a. George Fourni BURIAL, CREMATION, REMOVAL	er - Son		TUOTE Mai			vada 89448		
1	BURIAL, CHEMATION, HEMOVAL		ETERY OR CREMATORY—NAME			•			
DISPOSITION	^{19a.} Removal-Buri	.a1 19b.	St. Peter's Ceme	tery	19c.	Danbury,	Connecticut		
DIGITION .	FUNERAL DIRECTOR—SIGNATU (Or Person Acting as Succession)	RE FUN	ERAL DIRECTOR NAME AND ADDENSE NUMBER	RESS OF FACILITY	YFitzHenr	y's Funer	al Home O/		
Į	20a. 20a.		36 20c. 833 N	. Edmonds	s Drive.	Carson Ci	ty, Nevada 89701	ı İ	
	z eta. To the best of my know	vledge, death occurred at the tim		22a, Or	n the basis of examin	ation and/or investiga	tion, in my opinion death occurred tuse(s) and manner stated.		
	DATE SIGNED (Mo., D SOLUTION STATE SIGNED (Mo., D SOLUTION SOL	ST 6	Mark-MI	1 16	No. 10 No.	ace and due to the ca	use(s) and manner stated.	.]	
	(Signature and Title)		OF DEATH		ure and Title) >	а) Тнопя	OF DEATH		
ł	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			E S					
CERTIFIER	ŏĕ ^{216.} February	14, 1997 216.			20065 5515 5	22c.	OLINOTO DEAD #		
	PE NAME OF ATTENDING	PHYSICIAN IF OTHER THAN	JEH HFIEH (Type or Print)	PRONC	DUNCED DEAD (Mo.,	Day, Yr.) PHON	OUNCED DEAD (Hour)		
Į				22d. Ol	N .	22e. A			
	NAME AND ADDRESS	OF CERTIFIER (PHYSICIAN, A	TTENDING PHYSICIAN, MEDICAL E	KAMINES 12 FOR	PHPa 19615	0	LICENSE NUMBER		
Į			090 Third Street	. South 1	Lake Taho	e,	^{23ь} 00G427050		
CONDITIONS	REGISTRAR //	, 1)	DATE RECEIV	ED BY REGISTRAR	(Mo., Day, Yr.) DE	ATH DUE TO COMMU	INICABLE DISEASE	1	
IF ANY WHICH GAVE	24a. (Signature)	nstine Kan	24h 2-	14-1997	240	YES NO	m ·		
RISE TO IMMEDIATE	25. IMMEDIATE CAUSE (EN	TER ONLY ONE CAUSE PER L	INE FOR (a), (b), AND (c).)		12.0	ت	Interval between onset and death		
CAUSE !	_	AF	1	- N	7/4	•			
STATING THE UNDERLYING	PART (a) CON	gestive h	least Failur	<u> </u>			Interval between onset and death		
CAUSE LAST	DUE 10, OH AS A	CONSEQUENCE OF:	2		1 1			Ì	
	10/10/	rtic St	enoso	1			2 Years		
	DUE TO, OR AS A	CONSEQUENCE OF:		1			Interval between onset and death		
041102-02	(c)	\	1	\					
CAUSE OF		CONDITIONS—Conditions contrib	outing to death but not resulting in the	underlying cause give	en in Part I. AUTOR	PSY (Specify	WAS CASE REFERRED TO		
DEATH	rani II	/ /			26.	_	CORONER (Specify Yes or No) 27. Yes	}	
	ACC., SUICIDE, HOM., UNDET., I	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY DESCR	BE HOW INJURY O			169		
ŀ	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	1 1				•			
l.	(Specify) 28a.	28b.	28c. M 28d.	ON F	(DECT 05 5 5 5 0	OT 25	TOWN STATE		
	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, f building, e	arm, street, factory, office LOCATI	UN. ST	REET OR R.F.D. No.	. CITY OF	TOWN STATE		
/ /	286.	281.	28g.						
_/						NI.	107//2		
STATE REGISTRAR No. 107443							TU/443		
3	STAIL STAIL	i			1		1		
	Mun ALDIA	\sim		•	Muan	در و م	X 11/1 P		
1	IN ENGINE	1 \	la.	_	yvon	u y			
	This is to certify that the above is a true and correct copy								
	of the certificate on file in this office.								
	MAD 4 9 1997								
	LANGAL.	Date Issued: ITA	V 10 1991		•	State Re	egistrar 🥻	ann» Anns	
						NY OVER			

WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

97 DEC 15 A11:40

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