adjt

## AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA )
County of DOUGLAS )
JOHN T. ROBERTS , of legal age, being first duly sworn, deposes and says:  That NADINE L. ROBERTS , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as NADINE ROBERTS , named as one of the parties in that certain INDIVIDUAL GRANT DEED dated 02/26/71, executed by
BRUCE E. HOLLANDER to
JOHN T. ROBERTS and NADINE ROBERTS, His Wife
as joint tenants, recorded as Instrument No. 51750 , on March 4, 1971 , in Book 84 , Page 475 , of Official Records of DOUGLAS , County, Nevada covering the following described property situate in the County of DOUGLAS , State of Nevada:
Lot 312, as said lot is shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 1 of Maps, filing No. 28309 and title sheet amended on June 4, 1965, filing No. 28377. APN $27-320-06$
Dated May 5, 1998 STATE OF NEVADA )  Jan 1. Additional control of the control of
)SS. JOHN T. ROBERTS  County of DOUGLAS
This instrument was acknowledged before me on May 3/998 by John T. Roberts
: FOR RECORDER'S USE
Notaty Public :
CHARLENE L. HANOVER Notary Public - State of Nevada Appointment Recorded in Douglas County MY APPOINTMENT EXPIRES JAN. 27, 1999

0438918 BK0598PG0624

**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

i		l i	GENTIFICATE OF L	LAIII	$\wedge$
	LOCAL FILE NUMBER DECEASED—NAME First			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER I COUNTY OF DEATH
OR PRINT		Middle	Last		
PERMANENT BLACK INK	1. Nadin		ROBERTS IER INSTITUTION—Name (If not either, give	2. April 2, 1998	3a. Douglas
BEAUT INT			HER INSTITUTION—Name (If not either, give street and number)  If Hosp. or Inst. Indicate DOA, OP/E Rm. Inpatient (Specify)  3e.		
DECEDENT				Last UNDER 1 YEAR UNDER 1	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)  5. White  6.		origin? Specify ☐ yes 🕱 no If yes, Birthda 7a. 7	y (Years) MOS • DAYS HOURS •	8. July 18, 1926
IF DEATH	STATE OF BIRTH	CITIZEN OF WHAT COL		est MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE (If wife, give maiden name)
OCCURRED IN INSTITUTION	(If not U.S.A., name country) 9a. Oklahoma	9b. U.S.A.	grade completed. 10. 11	(Specify) Married	12 John T. Roberts
SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 139737	Working Life, Even if Re	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)  14a. Homemaker 14b. Own Home		
1	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS
<b>L</b> ▶[	15a. Nevada	15b. Douglas	15c. Gardnerville	1024 Wagonwh	eel Ct (Speaty Yes or No)
V 25 150	FATHER-NAME First	Middle	Last MOTHER—M.	AIDEN NAME First	Middle Last
PARENTS	16. Jesse	R.	Laney 17.	Clara	T. Miller
	INFORMANT—NAME (Type or Prin		MAILING ADDRESS	(Street or R.F.D. No., City or Tow	
	18a. John T. Rob		18b. 1024 Wagonw	heel Ct., Gardnervi	City or Town State
				/ /	Minden, Nevada
SPOSITION	19a. Burial FUNERAL BIRECTOR—SIGNATUR	19b. I	Castside Memorial P AL DIRECTOR NAME AND ADDRESS O E NUMBER	ark 19c.	
	(Or Person Actin) as Such) 20a.	LICENS 20b.	FitzHenry's Carson Valley Funeral Hwy 395, Minden, Nevada 89423		
	ivestigation, in my opinion death occurred o the cause(s) and manner stated.				
	(Signature and Title)	ledge, death occurred at the brie, c		S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)	
	DATE SIGNED (Mo, D	1 - 6	E C	O DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
ERTIFIER	NAME OF ATTENDING	/ 19		PRONOUNCED DEAD (Mo., Day, Yr.)	PRONCUNCED DEAD (Hour)
The best of my knowledge, death occurred at the bare, date and place and due to the cause(s) stated.    22a. Unified basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and/or investigation, in my opinion death occurred at the basis of examination and or investigation, in my opinion death occurred at the basis of examination and or investigation, in my opinion death occurred at the basis of examination and or inves					
	NAME AND ADDRESS	OF CERTIFIER (PHYSICIAN, ATT	NDING PHYSICIAN, MEDICAL EXAMINER	, OR CORONER). (Type or Print.)	LICENSE NUMBER
Ĺ	23a. Robert	Ancker, M.D., 1	.107 Hwy 395, Gardn		23b. 7182
CONDITIONS IF ANY	REGISTRAR	0-1/11		REGISTRAR (Mo., Day, Yr.) DEATH DUE TO	
WHICH GAVE RISE TO IMMEDIATE	24a. (Signature)	6 Dechamp L	shitte 240.Ceffred	6, 1998 24c. YES	NO 🔯
CAUSE STATING THE JNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (EN	ter only one cause per ling atory failure	and the second s		Interval between onset and death
CAUSE LAST		CONSEQUENCE OF:	/ /		Interval between onset and death
الجيا	(b) (Una	cancer		<b>***</b>	•
	(c)	CONSEQUENCE OF:			Interval between onset and death
AUSE OF PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No) 26. NO 27. Y					
	ACC SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	1 1	OUR OF INJURY DESCRIBE HOW	INJURY OCCURRED	
\	HJURY AT WORK	PLACE OF INJURY—At home, far	m. street, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
1	(Specify Yes or No) 28e.	building, etc. ( 28f.	Specify) 28g.		·
1					<b>No.</b> 126037
		STATE F	REGISTRAR	•	TCOOSI
				سر و	•

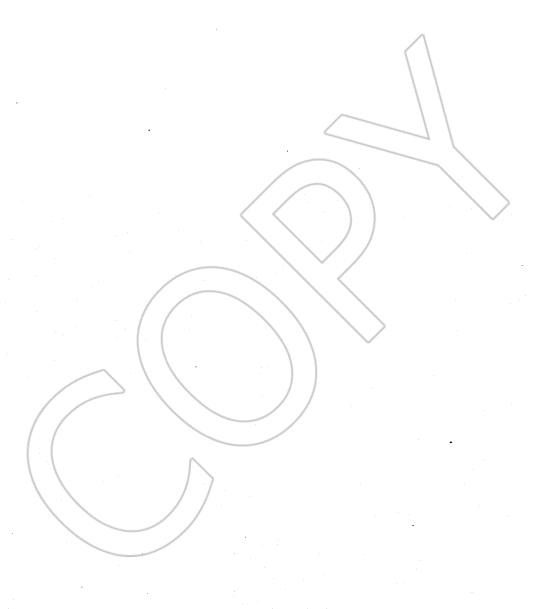
This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: APR 0 6 1998

0438918

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



GORN ROBERTS

GORN ROBERTS

UN OFFICIAL REDORDS OF

DOUGLAS CO. NEVADA

'98 MAY -5 P1:32

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LINDA SLATER RECORDER \$ 9. 42 PAID 46 DEPUTY