Clarence H. Eisberg 3856 Baraner And Merced; co. 95340

STATE OF NEVADA

County of DOUGLAS

CLARENCE H. EISBERG

## AFFIDAVIT--DEATH OF JOINT TENANT

) SS.

CLARENCE H. EISBERG	, of legal age, being first duly sworn,
deposes and says:	
That STUART ROTHSCHILD	, the decedent mentioned in the ax-
tached ceatalifiched aspaxxxx	Certificate of Death, is the same person as
STUART ROTHSCHILD	, named as one of the parties in that certain
	ted (05/13/94, executed by
	Journal of the construction of
WEST DIDGE DEVELOPMENT AND CON	ISTRUCTION INC, a Nevada corporation to
STUART ROTHSCHILD AND MYRTLE R	
STORKT KOTHSCHIED AND PITKIEL K	officially, hasband and wife
as isint tonants massed	as Instrument No. 344800 on 8/26/94
	f Official Records of DOUGLAS , County, Nevada
	described property situate in the County of
DOUGLAS , State of Nevada	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	EXHIBIT "A"
	or parcel of land situate in the County of
Douglas, State of Nevada, d	lescribed as follows:
	mended Map of Gardnerville Ranchos Unit 5, filed
in the office of the County	Recorder of Douglas County, State of Nevada on
August 4, 1994, in Book 894	1, Page 744, as Document No. 343296. A.P.N.
29-161-11	
That the said STUART ROTHSCHI	LD one of the Grantees on the Corporate Grant Deed, died
on MAY 8, 1998 in CARSON CITY	, NEVADA and is the identical person named in the Certificate
of Death. That all interest in	and to said real property hereinabove described vested
absolutely in Myrtle Rothschild a	as of the date of decedent's death.
Dated July 14, 1998	
STATE OF NEVADA	) Corenee of (isles
	166
County of Dugas	Clarence H. Eisberg
Succession 2	, chocker to the chocker
This instrument was acknowl	henhe
before me on July 8	.cugcu
by a	
by Clarence H. Eisberg	
SHOOTHA FI. CISSON	/
	**************************************
	: FOR RECORDER'S USE
	<b>:</b>
$\Lambda$	:
	:
	:
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<b>:</b>
2 July 11 19	<u> </u>
Notary Public	:
SHARON GOODWIN	•
Notary Public - State of Nevada	:
Notary Public - State of Nevada Appointment Recorded in County of Douglas My Appointment Expires June 14, 2002	:
94.1791-5 My Appointment Expires June 14, 2002	•

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adjt

## 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

98 005640

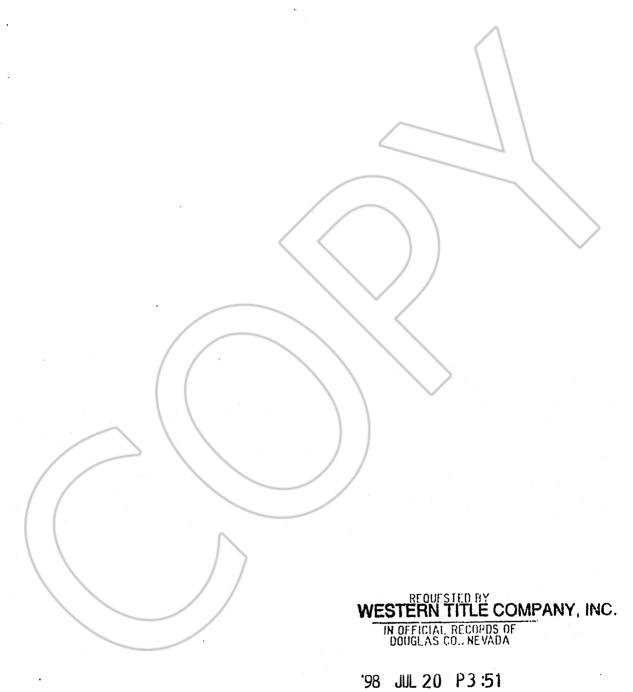
	LOCAL FILE NUMBER					STATE FILE NUMBER			
OR PRINT	DECEASED-NAME First	Middle	Last		(Month, Day, Year)	COUNTY OF DEATH			
IN PERMANENT	1. Stuar		ROTHSCHILD	2. May 8,		3a. Carson City			
BLACK INK	CITY, TOWN OR LOCATION OF DI		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street ar		If Hosp. or Inst. indicat Rm. Inpatient (Specify)	) \			
DECEDENT	3b. Carson City		ahoe Hospital	-Last UNDER 1	30.Inpatien				
	FACE—(e.g., White, Black, America Indian, etc.) (Specity) 5. White	was Decedent of Hispanic Orig specify Mexican, Cuban, Puent 6.	Rican, etc. Birth	74 7b.	DAYS HOURS M				
IF DEATH	STATE OF BIRTH	CITIZEN OF WHAT COUN-	Decedent's Education. Specify hi	ghest   MARRIED, NEV	ER MARRIED.	SURVIVING SPOUSE (If wife, give maiden name)			
OCCURRED IN INSTITUTION	(If not U.S.A., name country) 9a. Connecticut	9b. U.S.A.	grade completed.	(Specify) Mar	ried	12.Myrtle L. Smith			
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER		re Kind of Work Done During Most of	KIND OF BUSI	NESS OR INDUSTRY	1			
COMPLETION OF RESIDENCE ITEMS	138532		, Retired	905 14b. 942	Defense	7			
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		T AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)			
		15b. Douglas Middle	15c. Gardnerville			ay 15e. Yes			
PARENTS	2.			- N	7	1			
	16. Malia INFORMANT—NAME (Type or Print		Rothschild 17.		LVia LF.D. No., City or Town,	Hornstein State, Zo)			
	18a Myrtle Rothso		18b. P. O. Box	176	- N.	74. 74. 1			
(	BURIAL, CREMATION, REMOVAL.	OTHER (Specify) CEMETER	Y OR CREMATORY—NAME		LOCATION	City or Town State			
NEDOCITION .	19a. Cremation		itzHenry's Crema		19c. Ca	rson City, Nevada			
ISPOSITION	FUNERAL BIRECTOR—SIGNATUR (Or Person Acting as Such)	FUNERAL LICENSE I	DIRECTOR NAME AND ADDRESS	Fitz	Henry's Car	rson Valley Funeral			
Ļ	20a. Ames			1555 Hwy 39	5, Minden,	Nevada 89423 48			
ſ	To the best of my knowled due to the cause(s) state	To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.  22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.							
	(Signature and Title)  DATE SIGNED (Mo., Da)	v. Yr.) I HOUR OF DE/	-(UU)	(Signature and Title,		HOUR OF DEATH			
	due to the best of my knowledge of the cause(s) state due to the cause(s) state (Signature and Title)  DATE SIGNED (Mo., Da)  DATE SIGNED (Mo., Da)  DATE SIGNED (Mo., Da)  DATE SIGNED (Mo., Da)  DATE SIGNED (Mo., Da)	Te 21c, 191	0	ជ.« ខេត្ត 22b.		22c.			
ERTIFIER	NAME OF ATTENDING	PHYSICIAN IF OTHER THAN CERTIF	TER (Type or Print)	PRONOUNCED DE		PRONOUNCED DEAD (Hour)			
l	프뜌 21d.	/ /		1- 22d, ON	2	22e. AT			
		1 1	DING PHYSICIAN, MEDICAL EXAMINE	. 76.	JF	LICENSE NUMBER			
Ĺ	<u> </u>	Bower, MD., 120	0 Mountain St.,			23ь. 6493			
CONDITIONS IF ANY	REGISTRAR	Mand	OATE RECEIVED BY	REGISTRAR (Mo., Day, 1		OMMUNICABLE DISEASE			
VHICH GAVE RISE TO IMMEDIATE	24a. (Signature)  25. IMMEDIATE CAUSE (ENT.)	ER ONLY ONE CAUSE PER LINE FO	OB (a) (b) AND (c) )	29/1/0	24c. YES□	Interval between onset and death			
CAUSE		( \ \_(G)		و طاهجمين	a Nexa	Month			
INDERLYING CAUSE LAST	PART (a) CONSIST		(Ambyona - +iszn.	- Sustion	bendin	interval between onset and death			
	(b)			/		:			
-7	DUE TO, OR AS A C	ONSEQUENCE OF:				• Interval between onset and death			
AUSE OF	(c)				F7	•			
DEATH	PART OTHER SIGNIFICANT C	ONDITIONS—Conditions contributing	to death but not resulting in the underly	ying cause given in Part 1.	Yes or	No.   CORONER (Specify Yes or No.)			
	ACC SUICIDE HOM UNDET TO	DATE OF INJURY (Mo., Day, Yr.) HOUI	R OF INJURY DESCRIBE HO	W INJURY OCCURRED	26. No	27. Yes			
\ \	OR PENDING INVEST.	28b. 28c.	M 28d.						
\	INJURY AT WORK	PLACE OF INJURY—At home, farm, s	street, factory, office LOCATION,	STREET OR R	F.D. No. CIT	TY OR TOWN STATE			
1/	(Specify Yes or No) 28e.	building, etc. <i>(Spe</i> 28t.	28g.						
1	MAN .	/ /			14	<b>o.</b> 126126			
. 7		STATE RE	GISTRAR		IV	O. TCOTCO			
***	MI ME of the								

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

Date Issued: JUL 2 0 1998

O444808 State Registrar

WARNING: IT IS ILLEGAL TO ALTER GR COPY THIS DOCUMENT



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LINDA SLATER RECORDER MOEPUTY