to

dine Kuse

## AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA	)
	) ss.
County of DOUGLAS	)

ANETTE GERALDINE KUSE , of legal age, being first duly sworn, deposes and says:

That ROBERT GERALD KUSE , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT GERALD KUSE , named as one of the parties in that certain dated 08/22/95, executed by

DIRK E. JANSSE AND EILEEN M. JANSSEE, HUSBAND AND WIFE

ROBERT GERALD KUSE AND ANNETTE GERALDINE KUSE, HUSBAND AND WIFE

as joint tenants, recorded as Instrument No. 369632, on August 31, 1995, in Book 0895, Page 5629, 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 East 1/2 of the Southeast 1/4 of Section 27, Township 14 North, Range 20 East, M.D.B. & M., further described as follows:

Parcel A-4B as set forth on Parcel Map #17 for RAYMOND M. SMITH, filed in the office of the County Recorder, of Douglas County, Nevada on December 7, 1993, in Book 1293, Page 1400, as Document No. 324382. A.P.N. 21-140-88

Dated November 5, 1998

STATE OF NEVADA

)ss.

County of DougLAS

This instrument was acknowledged before me on 11/5/98

by

ANNETTE GENALDINE KUSE

FOR RECORDER'S USE

ANNETTE GERALDINE KUSE

KEITHLEY T. HOWELL JR.

Notary Public - State of Nevada
Appointment Recorded in County of Douglas
My Appointment Expires Dec. 29, 2001

Notary Public

0453726

BK 1 1 98 PG 2 0 8 5

## 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

j	10041 5115 111111	 	OLITIIIIOATE	OI DEATH	l	07177 511 5 111115	
TYPE	DECEASED—NAME First		Last	DATE OF DEA	TH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH	
OR PRINT IN PERMANENT	ı. Rob	ert Gerald	KUSE	<sub>2.</sub> Janua	ry 2, 1998	3a,Douglas	
BLACK INK	CITY, TOWN OR LOCATION O		THER INSTITUTION—Name (If not en	her, give street and number)	If Hosp, or Inst. Indicate DC Rm, Inpatient (Specify)	A, OP/Emer. SEX	
DECEDENT	3b. Minden  RACE—(e.g., White, Black, Amindian, etc.) (Specify)		Lindsey Lane	AGE-Last UNDE	3e.	4. Male	
	Indian, etc.) (Specity) 5. White	specify Mexican, Cuban, F 6.	origin? Specify ☐ yes ௸ no If yes, verto Rican, etc.	Birthday (Years) MOS 7a. 65 7b.	DAYS HOURS MINS 7c.	8. July 3, 1932	
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT CO	grade completed.	city highest MARRIED, N WIDOWED, I	NIVORCED	IVIVING SPOUSE (If wife, give maden name)	
INSTITUTION SEE HANDBOOK	9a. California SOCIAL SECURITY NUMBER	9b. U.S.A. USUAL OCCUPATION	10. 12		arried 12	unnette G. Walters	
REGARDING COMPLETION OF RESIDENCE ITEMS	13. 4767	Working Life, Even if F	(etired)	14b.	Printing		
L	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	l l	REET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
~	15a. Nevada FATHER—NAME First	15b. Douglas	15c. Minden	150 IER— <i>MAIDEN NAME</i>	1. 1585 Lindsay		
PARENTS			Kuse 17.	5 + 60	Ida Mar	.\	
INFORMANT—NAME (Type or Print)  MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
18a. Annette Geraldine Kuse 18b. 1585 Lindsey Lane, Minden, Nevada 89423 BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION City or Town State							
	19a. Removal/Bu		Forest Lawn Cem	eterv		ywood Hills, Calif	
DISPOSITION	FUNERAL DIRECTOR—GIGNA (Or Person Acting as Such)		RAL DIRECTOR NAME AND ADD	RESS OF FACILITY Fit	zHenry's Carso	n Valley Funeral	
	20a. ► /////	206.	36 20c. Home	, 1555 Hwy 3	95, Minden, No	vada 89423	
	1 60	nowledge, death occurred at the time, stated.	gaye and place and	/ /   5	1 -	tion, in my opinion death occurred ause(s) and manner stated.	
	(Signature and Title		DEATH	DATE SIGNED		R OF DEATH	
CERTIFIER	80 00 00 00 00 00 00 00 00 00 00 00 00 0		.349	10 s 10 22b.	22c.		
CEMINE	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  28 PRONOUNCED DEAD (Mo., Day, Yr.)  PRONOUNCED DEAD (Hour)						
		SS OF CERTIFIER (PHYSICIAN, AT	TENDING PHYSICIAN, MEDICAL EX	22d. ON AMINER, OR CORONER). (	Type or Print.)	AT LICENSE NUMBER	
	23a. John	P. Kelly, M.D.,				23ь. 6376	
CONDITIONS IF ANY	REGISTRAR	1 / 1	DATE RECEIV	ED BY REGISTRAR (Mo., D.	By, Yr.) DEATH DUE TO COMM	UNICABLE DISEASE	
WHICH GAVE RISE TO IMMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE	JENTER ONL CONE CAUSE PER LIN	JEPSET 246. 24	5, 1998	24c. YES□ NC	Interval between onset and death	
CAUSE STATING THE	PART (a)	no colar	nner			3 mash/h	
UNDERLYING CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death							
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death							
	(4)	S A CONSEQUENCE OF.	\	/		Interval between onset and death	
CAUSE OF DEATH		NT CONDITIONS—Conditions contribu	uting to death but not resulting in the u	inderlying cause given in Pa	nt 1. AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	ACC., SUICIDE, HOM., UNDET	., DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY DESCRI	BE HOW INJURY OCCURRI	26. No	27. Yes	
	OR PENDING INVEST. (Specify) 28a.	\ \\	28c. M 28d.	SE NOW INJUNT OCCURNI	<u>.</u>		
	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, fa	arm, street, factory, office LOCATIO	ON. STREET O	R R.F.D. No. CITY O	R TOWN STATE	
	28e.	281.	28g.				
_/	KAAAA.				No	. 121508	
/.3		STATE	REGISTRAR				
3//	(M.1 M.1 selfice) (M.1 M.1 selfice) (M.1 M.1 selfice)	_	•				
<b>308</b>	INDAMINATION OF THE PROPERTY O				/	att.	
		This is to certify that	the above is a true and o	correct copy	him	Sulve - I	
		of the certificate on f	le in this office.	//	o onne	Less - Dill	

JAN 0 5 1998

WESTERN TITLE COMPANY, INC.

State Registrar

IN OFFICIAL RECORDS OF DOUGLAS CO.. NEVADA

'98 NOV 10 P12:09

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Date Issued:

LINDA-SLATER RECORDER \$ PAID DEPUTY