

Jack Sheehan
PO Box 1599
Minden, NV
89423

AFFIDAVIT-DEATH OF A JOINT TENANT

1 STATE OF NEVADA)
2)
3) : ss.
4) COUNTY OF DOUGLAS)

4 I, BONNIE J. NUZUM, of legal age, being duly sworn, deposes
5 and says that JOE HAROLD NUZUM, the decedent mentioned in the
6 attached certified copy of the Certificate of Death, is the same
7 person as JOE H. NUZUM named as one of the parties in that certain
8 Grant Deed dated March 25, 1991, executed by ETHEL MAE VAN VLIET
9 and JAMES L. MCDANIEL, as joint tenants to JOE H. NUZUM and BONNIE
10 J. NUZUM, husband and wife, as joint tenants recorded as Instrument
11 No.247936, on April 5, 1991, in Book 491, Page 654, of Official
12 Records of Douglas County, Nevada, covering the following described
13 property:

14 Lot 2, in Block A, as shown on the Map of SOUTH
15 EAST ADDITION TO TOWN OF MINDEN, filed in the
16 office of the County Recorder of Douglas County
17 Nevada, on November 27, 1961, as Document No. 19150.

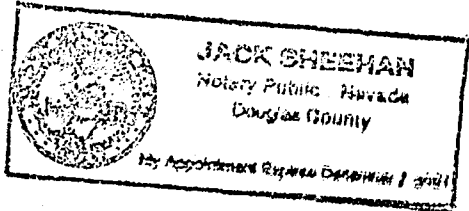
17 APN 1320-32-118-002

18 DATED this 6th day of October, 1999.

19
20 *Bonnie J. Nuzum*
21 BONNIE J. NUZUM

21 SUBSCRIBED and SWORN to before me
22 this 6 day of October, 1999.

23 *Jack Sheehan*
24 NOTARY PUBLIC



25 WHEN RECORDED MAIL TO:

26 BONNIE J. NUZUM
27 1522 County Road
28 P.O. Box 925
Minden, Nevada 89423

0478621

BK 1099PG2225

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

2010

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First: JOE Middle: HAROLD Last: NUZUM			2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) July 31, 1999		
4. AGE LAST BIRTHDAY (Yrs) 68		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Aug 1, 1930	
8. BIRTHPLACE (City, State or Foreign Country) Ft. Scott, KS			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Snohomish		
11. CITY, TOWN OR LOCATION OF DEATH Arlington			12. PLACE OF DEATH— DO BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. IN/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input checked="" type="checkbox"/> OTHER PLACE 31125 State Route 9			13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Bonnie Heminger		16. SOCIAL SECURITY NO. [REDACTED] 0894		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8th College (1-4 or 5-):	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Heavy Equip. Operator		19. KIND OF BUSINESS OR INDUSTRY Construction		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 1552 County Rd.		23. CITY/TOWN, OR LOCATION Minden		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Douglas	
25B. LENGTH OF RES. IN CO. 18 yrs		26. STATE NV		27. ZIP CODE 89423			
28. FATHER'S NAME—FIRST, MIDDLE, LAST George Thomas Nuzum			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Myrtle M. Jones				
30. INFORMANT—NAME Bonnie Nuzum		31. MAILING ADDRESS P.O. Box 925		CITY OR TOWN Minden		STATE NV	
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) Aug 9, 1999		34. CEMETERY/CREMATORY—NAME Seattle Service Group Crematory		35. LOCATION—CITY/TOWN, STATE Everett, Washington	
36. FUNERAL DIRECTOR SIGNATURE <i>Steven P. Jones</i>		37. NAME OF FACILITY Purdy & Walters w/Cassidy F.H.		38. ADDRESS OF FACILITY WA 98201 1702 Pacific Ave., Everett,			
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>Norman Thiersch M.D.</i>			
40. DATE SIGNED (Mo., Day, Yr)		41. HOUR OF DEATH (24 Hrs.)		44. DATE SIGNED (Mo., Day, Yr) August 2, 1999		45. HOUR OF DEATH (24 Hrs.) P.M.	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr) July 31, 1999		47. HOUR PRONOUNCED DEAD (24 Hrs.) 1806	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Norman Thiersch, M.D., 9509 29th Avenue W., Everett, Washington 98204						49. ME/CORONER FILE NUMBER SCME 99-1185	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Severe Arteriosclerotic Cardiovascular Disease				INTERVAL BETWEEN ONSET AND DEATH	
		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:						52. AUTOPSY? (Yes / No) Yes	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Natural		55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED.			
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE			62. REGISTRAR SIGNATURE <i>M. Howard Kinkead</i>			63. DATE RECEIVED (Mo, Day, Yr) AUG - 6 1999	

HEALTH STATISTICS & ASSESSMENT
3020 RUCKER AVE.
EVERETT, WA 98201-3900

0478621

SEAL

CERTIFICATION ON BACK

DOH 01-003 (5/99)

RK1099P62226

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE

IF CHANGES ARE REQUESTED, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/>		with		for
Death <input type="checkbox"/> Dissolution <input type="checkbox"/>		1. STATE FILE NUMBER	4. PLACE OF EVENT (City and County)	
2. NAME		3. DATE OF EVENT	6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		7. THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:		
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

REQUESTED BY
Jack Sheehan
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

1999 OCT 13 PM 1:14

LINDA SLATER
 RECORDER

\$9.00 PAID *JS* DEPUTY

CERTIFIED

AUG 9 1999

DATE ISSUED

DO NOT DESTROY

HH071767

0478621
 BK 1099PG2227