AFFIDAVIT - DEATH OF JOINT TENANT

APN 1220-16-114-002

	AFTY 1220-10-114-002
JANICE K. RIEGER	, of legal age, being first duly sworn, deposes and says:
That VERN ALLEN RIEGER	the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as VERN A. RIE	EGER
named as one of the parties in that certain INDIVIDUAL GI	RANT DEED dated APRIL 1, 1992
executed by JAMES M. HICKEY	
to VERN A. RIEGER and JANICE K. RIEGER, Husband ar	nd Wife as Community Property, with right of survivorship
, recorded as Instrument No.278486	, on <u>May 13, 1992</u> , in
Book <u>592</u> , Page <u>2062</u>	, of Official Records of <u>Douglas</u>
County, Nevada, covering the following described property	situated in the <u>Unincorporated</u>
Douglas , County of Do	OUGLAS , State of Nevada:
Lot 30, in Block B, as set forth on the Final Map of PLEAS Recorder of Douglas County, State of Nevada, on March	SANTVIEW, PHASE II, filed for record in the Office of the County 19, 1992, in Book 392, Page 3138, as Document No. 273622.
A.P.N. 1220-16-114-002	
That the value of all real and personal preparts assess to a	and decades to date of death, institution the fall color of the second
described, did not then exceed the sum of \$	said decedent at date of death, including the full value of the property
Dated December 8, 1999	
STATE OF NEVADA	S.S. JANICE K. RIEGER
COUNTY OFDOUGLAS	— Janice K. Rieger
This instrument was acknowledged before me on	/ /
December 8, 1999))
by JANICE K. RIEGER))
Marlow LAtander	
Notary Public	
CHARLENE L. HANOVER	
Notary Public - State of Nevada	
Appointment Recorded in County of Douglas My Appointment Expires Jan. 27, 2003	
1302000	(This area for official notarial seal)
Title Order No.	Forest or Lore No 7004
	Escrow or Loan No.7864
RECORDING REQUESTED BY	ELOW THIS LINE FOR RECORDER'S USE
JANICE K RIEGER	
AND WHEN RECORDED MAIL TO	
Name JANICE K. RIEGER	
Street 984 PLEASANTVIEW COURT	
GARDNERVILLE, NV 89410	·
City,S tate Zip	

0482206

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

		_ LOCAL FILE	NOWDED													OINIE TIEE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TYPE OR PRINT	DECEASE	ED—NAME First Middle				lle Last					DATE	OF DEAT	H (Month,	, Day, Year	COUN	ITY OF DEATH		
IN PERMANENT	NENT 1. Vern					Allen RIEGER				2. December						<u>ouglas</u>		
BLACK INK	CITY, TOV	VN OR LOCAT	ION OF DEATI	н.	HÖSPITAL	OR OTHER I	NSTITUT	STITUTION—Name (If not either, give stre			et and i	number)	If Hos	sp. or Inst. i Inpatient (Sp	ndicate DO: secify)	A, OP/Emer.	SEX	
DECEDENT	3b. Ga:	rdnerv:	ille		3c. 984	Plea	sant View Court						3e.				4 Ma1	
JECHUEKI.	RACE—te	g., White, Blac dian, etc.) (Spe	k, American	Was De	cedent of Hi Mexican, Cu	ispanic Origin ban, Puerto I	? Specify lican, etc.	□ yes 🕸 no	If yes,	AGE-Last Birthday (Ye	ears) -	MOS :			1 DAY	DATE OF B	IRTH (Mo., Day,	Yr.)
		ite		6.						7a. 62	_ [;	7b.		7c.			ary 4,1	
:F DEATH	STATE OF	BIRTH .A., name coun	una)	CITI	ZEN OF WH	IAT COUN-	Decede	ent's Education	n. Speci	ty highest	MAR	RIED, NE	VER MAP	RIED.	SUR	VIVING SPOUS	SE (Il wile, give mi	aiden name)
OCCURRED :N	-	uth Dal		9b.		S.A.	10.	16	5		(Spec	^{city)} Ma	rrie	d	12.	Janice	Kawask	ii
SEE HANDBOOK REGARDING	SOCIAL S	ECURITY NUN	IBER			ATION (Give		ork Done Du	ring Most	of	KIN	ID OF BU	ISINESS (OR INDUST	RY			
RESIDENCE ITEMS	13.	5	739		•	ce Of		r			146	La	w En	force	ment	\		
1.	RESIDEN	CE—STATE		UNTY			CITY, TO	OWN, OR LO	CATION	-		STR	EET AND	NUMBER	984		SIDE CITY LIMITS	
→ (15a. Ne	vada	15b.	· Dou	ıglas		15c. G	ardnei	rvil.	Le		15d.	Plea:	sant	View		·	
2122122	FATHER-		First		Middle		La	st	МОТН	R-MAIDE	N NAM	E	First		Midd	ie	Last	
PARENTS	16.	A	dolph				Rie	ger	17.		_ <	Ca	ther	ine	The same of the sa	1 1	Perman	
	INFORMA	NT-NAME (T)						AILING ADD	RESS		(Street or R.F.D. No., City or Town, State							
	18a. Jan	nice R	ieger -	- Wif	:e		1	^{86.} 984	Plea	asant	Vi	ew C	ourt	, Gar	dnerv	ville,	NV 894	10
			REMOVAL, OTH			CEMETERY	OR CRE	MATORY—N	AME	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic		The Real Property lies, and the Personal Property lies, and th	roc	ATION	City	or Town	State	
NODOGETON	19a. Cr	ematio:	n		1	19b. Wal	ton'	s Sier	rra (Crema	tor	y_	19c.	C	arson	1 City	, Nevad	a
DISPOSITION	EI INIP DAI	DIRECTOR— Acting as Suc	CIGNATI WE			FUNERAL D	IRECTOR	NAME A	ND ADDR	ESS OF FA	ACILITY	Wal	ton'	s Dou	glas	Count	y Mortu	ary
Ļ	20a. ➤	amm		LINE	ہریما	20ь.	9						t, M	<u>ind</u> en	, Nev	rada 8	9423	1
	₹ 21a.	To the best o	t my knowledge use(s) stated.	e, grain oc	red at th	e time. date	and place	and	11		22a, On at 1	the basis	s of exami	nation and/ place and d	or investiga ue to the ca	tion, in my op	ninion death occu	rred
-	80 20 20	(Signature an		Ked.	1-1	Sil	<u> </u>	H.	/ ni			re and Ti					- 1	<u> </u>
	亞	DATE SIGNE	D (Mo., Day, Y	(r.)	НО	UR OF DEA	TH			age s	DATE S	IGNED (Mo., Day.	Yr.)	HOUF	OF DEATH		
ERTIFIER	SS SS		2/2/99		210			1			22b.	/_	/		22c.			
7-11 II II II I	To be Completed by CERTIFYING PHYSICIAN	NAME OF AT	TENDING PHY	YSICIAN IF	OTHER TH	IAN CERTIFI	ER (Type	or Print)	\		PRONO	UNCED	DEAD (Mo	o., Day. Yr.)	PRON	OUNCED DE	:AD (Hour)	
		21d.					<u> </u>		- 1		22d. ON	4			22c. /			
		NAME AND A	ADDRESS OF	CERTIFIE	-		1000	Name of the last		7%		1				LICENSE	E NUMBER	
			R. Mcl	Dona.	Ld, 71	LO W.W	ashi	ngton	St.	, Car	son	Cit	y, N	V 897	03	23b. UNICABLE D	6433	
CONDITIONS IF ANY	REGISTRA	AR () ;	1/0	11		1	1	Men.	D BY HEG	ISTHAN	(MO., Da	No. 1				ISEASE	
IF ANY WHICH GAVE RISE TO IMMEDIATE	24a. (Sign		ull	7		PER LINE FO			/	<u> </u>	7	L	24	tc. YES	□ NO	CX	tween onset and	death
IMMEDIATE CAUSE STATING THE	25. IMMEL	DIATE CAUSE	(ENIEW	WEY ON	IE CAUSE P	/	n (a), (g);	AND (C).)	7	N	,	N		N		HITETYAL DEI	week onset and	Cean
UNDERLYING CAUSE LAST	PART	(a) (VA	ØR AS A CON	JEROUEN	ر جاء ا	1/4/1			<u>. </u>	<u> </u>		- 3		\rightarrow		Interval het	tween onset and	death
1	ı	DUE 10,	2 1		GE OF.	1	,	and	<u> N</u>	\			N			111(0.174) 001	·	
└ →	}	(b) 7	OR AS A COM		CE OF:	Long		- عامد	7	\rightarrow			-			interval bei	tween onset and	death
	. (DUE 10,		1.500	75				١ ١	. \								
CAUSE OF		(c)	NIFICANT CON	DITIONS	-Conditions	contributing t	o death b	ut not resultin	a in the u	nderlyina ci	use giv	en in Par	t 1.I AUTO	OPSY	(Specify	WAS CASE	REFERRED TO	
DEATH	PART	Officer dia	M.	\		community .			.				26.		Yes or No)	CORONER 27.	(Specify Yes or	No)
	ACC., SU	ICIDE, HOM.	UNDET. DA	TE OF INJU	IRY (Mo., Day	, Yr.I HOUF	OF INJU	IRY	DESCRIE	BE HOW IN	JURY O	CCURRE		<u>No</u>			Yes	
/	(Specify)	ICIDE, HOM., ()ING INVEST.	28b	- N	\.	28c.			28d.							-		
	28a. 'NJURY A	T WORK			NJURY-ALI	nome, farm, s	treet. fact		LOCATIO	N.	ST	REET OF	R.F.D. N	lo.	CITY O	R TOWN	STATE	
- / L	Specify Y	es or No)	281	L.	buildi	ng, etc. (Spe	oly)		28g.									
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REQUESTED BY

Jan Rieger

IN OFFICIAL REPORDS OF

DOUGLAS CO HEVADA

1999 DEC -8 PM 1: 57

LINDA SLATER RECORDER

\$800 PAID BL DEPUTY

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