

AFFIDAVIT - DEATH OF JOINT TENANT

APN 1220-16-114-002

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. RIEGER named as one of the parties in that certain INDIVIDUAL GRANT DEED dated APRIL 1, 1992 executed by JAMES M. HICKEY to VERN A. RIEGER and JANICE K. RIEGER, Husband and Wife as Community Property, with right of survivorship, recorded as Instrument No. 278486, on May 13, 1992, in Book 592, Page 2062, of Official Records of Douglas County, Nevada, covering the following described property situated in the Unincorporated Douglas, County of DOUGLAS, State of Nevada:

Lot 30, in Block B, as set forth on the Final Map of PLEASANTVIEW, PHASE II, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on March 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 property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ _____.

Dated December 8, 1999

STATE OF NEVADA
COUNTY OF DOUGLAS

} s.s. Janice K. Rieger
JANICE K. RIEGER

This instrument was acknowledged before me on
December 8, 1999

by JANICE K. RIEGER

Charlene L. Hanover
Notary Public



(This area for official notarial seal)

Title Order No. _____ Escrow or Loan No. 7864

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY
JANICE K RIEGER
AND WHEN RECORDED MAIL TO

Name **JANICE K. RIEGER**
Street Address **984 PLEASANTVIEW COURT**
GARDNERVILLE, NV 89410
City, State, Zip

0482206

017023.edc12/07/99

BK 1299PG 1369

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
DECEDENT	1. Vern Allen RIEGER		2. December 2, 1999	
	CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Gardnerville		3c. 984 Pleasant View Court	
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
PARENTS	5. White		4. Male	
	STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
DISPOSITION	9a. South Dakota		8. January 4, 1937	
	CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
CERTIFIER	9b. U.S.A.		12. Janice Kawaski	
	Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
CAUSE OF DEATH	10. 16		11. Married	
	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	13. 5739		14b. Law Enforcement	
	RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
CAUSE OF DEATH	15a. Nevada		15c. Gardnerville	
	COUNTY		STREET AND NUMBER	
CAUSE OF DEATH	15b. Douglas		984	
	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
CAUSE OF DEATH	16. Adolph Rieger		17. Catherine Perman	
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
CAUSE OF DEATH	18a. Janice Rieger - Wife		18b. 984 Pleasant View Court, Gardnerville, NV 89410	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
CAUSE OF DEATH	19a. Cremation		19b. Walton's Sierra Crematory	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
CAUSE OF DEATH	20a. [Signature]		20c. 1478 Fourth Street, Minden, Nevada 89423	
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
CAUSE OF DEATH	21b. 12/2/99		21c. 0145	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
CAUSE OF DEATH	21d.		22a. ON	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
CAUSE OF DEATH	23a. Dr. R. McDonald, 710 W. Washington St., Carson City, NV 89703		23b. 6433	
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
CAUSE OF DEATH	24a. [Signature]		24b. 12-3-99	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
CAUSE OF DEATH	(a) [Signature]		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	(b) Advance Lung Cancer		Interval between onset and death	
CAUSE OF DEATH	(c) COPD		Interval between onset and death	
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
CAUSE OF DEATH	26. No		27. Yes	
	ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
CAUSE OF DEATH	28a.		28b.	
	HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
CAUSE OF DEATH	28c. M		28d.	
	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
CAUSE OF DEATH	28e.		28f.	
	LOCATION.		STREET OR R.F.D. No.	
CAUSE OF DEATH	28g.		CITY OR TOWN	
	STATE		STATE	

No.154868

STATE REGISTRAR

Yvonne Sylva

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

Date Issued: DEC 08 1999

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
Jan Rieger
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

1999 DEC -8 PM 1:57

LINDA SLATER
RECORDER

\$800 PAID *Sh* DEPUTY

0482206

BK 1299PG 1370