

APN-21-224-16

AFFIDAVIT, DEATH OF JOINT TENANT

State of Nevada)
)ss.
County of Douglas)

JANICE BUENTIEMPO, being duly sworn, declares:

That KENNETH LEE PEFFER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KENNETH PEFFER, named as one of the parties in the INDIVIDUAL GRANT DEED executed by KENNETH PEFFER, an unmarried man, to KENNETH PEFFER AND JANICE BUENTIEMPO, both unmarried persons, as joint tenants, and recorded as Instrument No. 395683 on September 3, 1996, in Book 0996, Page 0117 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada: Lot 3, as shown on the map of EL RANCHO ESTATES, filed for record in the Office of the County Recorder of Douglas County, Nevada, on April 23, 1962, in Book 11, Page 348, as Document No. 19910. A.P.N. 21-224-16.

That the undersigned Janice Buentiempo was the joint tenant of the decedent at the time of execution of the above-described Individual Grant Deed.



Janice Buentiempo

JANICE BUENTIEMPO

Subscribed and sworn to before me
this 20th day of December, 1999.

Sheree Anne Sheets

NOTARY PUBLIC
Sheree Anne Sheets

When recorded mail to:
Janice Buentiempo
1560 Johnson Lane
Minden, NV 89423

Mail tax statements to: same

same

0483097

BK1299PG3968

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

ROLL 98 IMAGE 385

2315

STATE FILE NUMBER

LOCAL FILE NUMBER

DECEASED—NAME First Middle Last DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH

1. Kenneth Lee PEFFER 2. October 5, 1999 3a. Washoe

CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) SEX

3b. Reno 3c. Veteran's Administrative Hospital 3e. Inpatient 4. Male

RACE—(e.g., White, Black, American Indian, etc.) (Specify) Was Decedent of Hispanic Origin? Specify yes no If yes, specify Mexican, Cuban, Puerto Rican, etc. AGE—Last Birthday (Years) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.)

5. White 6. 7a. 58 7b. : 7c. : 8. December 14, 1941

STATE OF BIRTH (If not U.S.A., name country) CITIZEN OF WHAT COUNTRY Decedent's Education. Specify highest grade completed. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SURVIVING SPOUSE (If wife, give maiden name)

9a. Indiana 9b. U.S.A. 10. 418 11. Married 12. Madeleine Marsault

SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) KIND OF BUSINESS OR INDUSTRY

13. -9733 14a. Police Officer 14b. 990

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No)

15a. Nevada 15b. Douglas 15c. Minden 15d. 1560 Johnson Ln. 15e. YES

FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last

16. Homer Lee Peffer 17. Mildred Adda North

INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)

18a. Madeleine Peffer 18b. 9972 Creek Road Oak View, California 93022

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION City or Town State

19a. Cremation 19b. Truckee Meadows Crematory 19c. Sparks, Nevada

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY

20a. *M. Marsault* 20b. 70 20c. Reno Memorial 253 E. Arroyo Reno, Nevada 89502

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

21b. 10/12/99 21c. 1500

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., Day, Yr.) HOUR OF DEATH

22b. 22c. PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) LICENSE NUMBER

23a. MATTHEW P. GROW, 1000 LOCUST STREET, RENO, NEVADA 89520 23b. LL 1134

REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE

24a. *Jandi B. Dep.* 24b. October 13, 1999 24c. YES NO

25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c.) Interval between onset and death

PART I (a) RESPIRATORY FAILURE DUE TO PULMONARY EDEMA 12 DAYS

(b) LIVER FAILURE DUE TO ALCOHOLISM DAYS

(c) SEPSIS DUE TO BACTERIAL PERITONITIS 12 DAYS

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) WAS CASE REFERRED TO CORONER (Specify Yes or No)

26. YES 27. NO

ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED

28a. 28b. 28c. M 28d.

INJURY AT WORK (Specify Yes or No) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE

28e. 28f. 28g.

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

STATE REGISTRAR

No. 150592

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

Date Issued:

NOV 05 1999

0483097 State Registrar

Yvonne Sylva

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BR 125518350 AK 1299 PG 3969



REQUESTED BY

Janice Buentempo

IN OFFICIAL RECORDS OF
COUNTY OF SANTA BARBARA

1999 DEC 21 AM 10:59

LINDA SLATER
RECORDER

\$ 9.00 PAID AL DEPUTY

0483097

BK 1299PG3970