1420-07-610-020 A.R.W.

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA
) ss County of <u>Carson City</u>)
하는 것이 되는 것이 되는 것을 하는 것이 불러한 것이라고 있는 사람들이 되는 것을 하는 것은 것을 받았다. 그는 것이 가장하는 생활에 가장 있다. 하는 것이 되는 것이 되는 것이 있는 것이 되는 것을 하는 것이 되는 것이 되었다. 그런 것이 하는 것은 것이라고 있는 것이라는 것이 없는 것이 없다.
LOPPOINE DMEZZEL, of legal age, being first duly sworn, deposes and says:
That ELMER G MEIZER, the decedent mentioned in the attached
Certified copy of Certificate of Death, is the same person as Elmer Gotffeled Welzel,
named as one of the parties in that certain Corporation Grant Deed, dated February 3, 1994
executed by H & S Construction
to Elmer G & Lorraine D. Melzer
as Joint Tenants, recorded as Document No. 331322 on March 1, 1994
Book 0394 , Page 0234 , Douglas , State of Nevada
Covering the following described property situated in
State of Newada, described as follows:
Lot 2, in Block C, of the final map of Sunridge Heights Phase 1, a Planned unit development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 11, 1993, as Documents No. 309550
That the said decedent, Elmer Gottreed Melzer is one of the
joint tenant grantees in that certain said Corporation Grant Deed and that all
interest in and to said real property is vested absolutely in affiant, namely Lorgine D. Melzer,
a widay.
Dated: 10 9 00
Langin D. Milsen
Lorraine D. Melzer
SUBSCRIBED AND SWORN TO before me, a Notary Public, this day RISHELE L. BOESEN Notary Public - State of Nevada Appointment Recorded in Carson City
of October 19200 No: 99-549312 - EXPIRES APR. 20, 2003
(Signature)

(Typed or printed)



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

			CERTIFICATE OF I	DEATH	
	LOCAL FILE NUMBER				STATE FILE NUMBER
TYPE	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
OR PRINT	Elmer	G.	MELZER	2. May 30, 2000	3a. Carson City
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	cate DOA, OP/Emer. SEX			
DECEDENT	3b. Carson City		Tahoe Hospital	3e.Inpatio	The state of the s
A-CENEKI	RACE—(e.g., White, Black, American Indian, etc.) (Specify) sp	as Decedent of Hispanic Origi ecity Mexican, Cuban, Puerto		ay (Years) MOS DAYS HOURS	MINS
	5. White 6.		7a. /		8 May 9, 1922
IF DEATH	STATE OF BIRTH	CITIZEN OF WHAT COUN-	Decedent's Education. Specify high grade completed.	I WIDOWED, DIVORCED	SURVIVING SPOUSE (If wife, give maiden name)
OCCURRED IN INSTITUTION	(If not U.S.A., name country) 9a. Illinois	9b. U.S.A.	10. 1 2	(Specify) Married	12Lorraine Ploetz
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give	e Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	
COMPLETION OF RESIDENCE ITEMS	9264	Working Life Even if Retired	ic Engineer	14b. Computers	
TEODETICE TEMO	RESIDENCE—STATE COUNT		CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada 15b. I	Oouglas	15c. Indian Hills	15d 3569 Loam	Lane 15e. No
	FATHER—NAME First	Middle		NAIDEN NAME First	Middle Last
PARENTS	Gottfried	M	lelzer 17.	Anna	Frank
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or To	vn, State, Zip)
	18a Lorraine D. Mela	zer	18b. 3569 Loam	Lane, Carson City,	Nevada 89705
	BURIAL, CREMATION, REMOVAL, OTHER		Y OR CREMATORY—NAME	LOCATION	City or Town State
	_{19a.} Cremation	h	TitzHenry's Crema	L. James C. James C. Lander	rson City, Nevada
DISPOSITION	FUNERAL DIBECTOR—SIGNATURE (Or Person Acting)'s Such)			OF FACILITY FitzHenry's (Carson Valley Funeral
	20a. Ames of	Cef X 20b. 2		3	ville, Nevada 89410
	Z 213 To the best of my knowledge, de due to the cause(s) stated.	eath occurred at the time, date	and place and	22a. On the basis of examination and/or at the time, date and place and due	investigation, in my opinion death occurred to the cause(s) and manner stated.
	্বিত্ত চূত্ত (Signature and Title)	// ~		င္တြင္ဆို (Signature and Title)	
	Of the best of my knowledge, de due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. NAME OF ATTENDING PHYSIC	HOUR OF DE	ATH	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
CERTIFIER	21b. 3 1 1 NAME OF ATTENDING PHYSIC	21c. 08		8 = 22b. PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
	TE NAME OF ATTENDING PRISIC	JAN IF OTHER TIME OF THE		0	
		TIEIER (PHYSICIAN ATTENI	DING PHYSICIAN, MEDICAL EXAMINE	R, OR CORONER). (Type or Print.)	22e. AT LICENSE NUMBER
	The state of the s			Carson City, Nevada	23b. 8079
	REGISTRAR	77	DATE RECEIVED BY	REGISTRAR (Mo., Day, Yr.) DEATH DUE T	
CONDITIONS IF ANY		· Vacto	24h	24c. YEST	•
WHICH GAVE RISE TO IMMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER ON)	LY ONE CAUSE PER LINE F	July 1	7 300	Interval between onset and death
CAUSE STATING THE				I a series	
UNDERLYING CAUSE LAST	PART (a) CHICO NIO DUE TO, OR AS A CONSE	OUENCE OF:	HUKK		Interval between onset and death
1/	(·	
· />	DUE TO, OR AS A CONSE	OUENCE OF:			Interval between onset and death
/	(552 16, 511/16 1/ 551/162	dollion of the			•
CAUSE OF	(c)	IONS—Conditions contributing	to death but not resulting in the underly	ying cause given in Part 1. AUTOPSY	(Specify WAS CASE REFERRED TO
DEATH	1 1	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26. NO	s or No) CORONER (Specify Yes or No) 27. No
1	ACC., SUICIDE, HOM., UNDET., DATE C	OF INJURY (Mo., Day, Yr.) HOL	JR OF INJURY DESCRIBE HO	DW INJURY OCCURRED	1
\	OR PENDING INVEST.	28c.			
\	28a. ^{28b.}	OF INJURY—At home, farm,		STREET OR R.F.D. No.	CITY OR TOWN STATE
/	(Specify Yes or No)	building, etc. (Sp	pecify) 28g.		•
\ \	286.	/ /			1 1 0 0 0 0 0
	Ol VI	/ /			No. 160308
1	DEF (CR. of face				-

STATE REGISTRAR

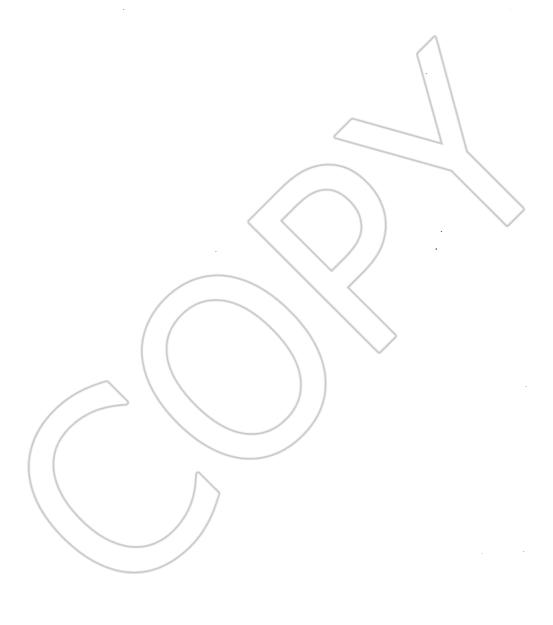
This is to certify that the above is a true and correct copy of the certificate on file in this office.

JUN 0 1 2000

Date Issued:

Avonne Sulva State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



REQUESTED BY FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF DOUGLAS CO.. NEVADA 2000 OCT 16 AM II: 38

LINDA SLATER RECORDER

\$ 900 PAID KY DEPUTY

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