AFFIDAVIT - DEATH OF JOINT TENANT

APN 1220-21-810-158

RUBY R. TRELOAR	, of legal age, being first duly sworn, deposes and says:
That BONNIE B. WAGNER	, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as BC	ONNIE B. WAGNER, A WIDOW
named as one of the parties in that certain GRAI	NT DEED dated JULY 31, 1997
executed by BONNIE B. WAGNER, A WIDOW	
to BONNIE B. WAGNER, A WIDOW AND RUPROPERTY, ALL TOGETHER	UBY R. TRELOAR, A MARRIED WOMAN AS HER SOLE AND SEPARATE
as joint tenants, recorded as Instrument No.0418	8450 , on <u>JULY 31, 1997</u> , in
Book <u>0797</u> , Page <u>5669</u>	, of Official Records of DOUGLAS
County, Nevada, covering the following describe	ed property situated in the, County of <u>Douglas</u> , State of Nevada:
	of Douglas, State of Nevada, described as follows: ILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder 74, in Book 374, Page 676, as File No. 72456.
A.P.N.: 1220-21-810-158	
That the value of all real and personal property described, did not then exceed the sum of \$	owned by said decedent at date of death, including the full value of the property
Dated February 8, 2001	
STATE OF NEVADA COUNTY OF DOUGLAS	S.S. Ruby R. Trelour
This instrument was acknowledged before me on	
Notary Public KATHY SWAIN Notary Public - State of Nevada Appointment Recorded In County of Douglas My Appointment Expires Aug. 13, 2004	
	(This area for official notarial seal)
Title Order No.00084155	Escrow or Loan No.
	SPACE BELOW THIS LINE FOR RECORDER'S USE
RECORDING REQUESTED BY Western Title Company, Inc. AND WHEN RECORDED MAIL TO	
Name RUBY R. JRELOAR	
Street Address P.O. BOX 1452	
City, State MINDEN, NV 89423	

0508745 BK0201PG2736

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

DECEASED—NAME First	Middle	Last	DATE O	DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Bonnie	B.	WAGNER		ne 1, 1999	3a. Dougl
CITY, TOWN OR LOCATION OF DEATH	and the second of the second o	R INSTITUTION—Name (If not eith			licate DOA, OP/Emer. SEX
3b. Gardnerville	sc. Valley M	leadows Living	Center	3e. Inpat:	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Orig specify Mexican, Cuban, Puerto 6.	o Rican, etc.		MOS DAYS HOURS	1 DAY DATE OF BIRTH (Mo., Day
STATE OF BIRTH (If not U.S.A., name country) 9a. Arkansas	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	- Decedent's Education. Specigrade completed.	ity highest MARRI WIDOV (Specif	ED, NEVER MARRIED, VED, DIVORCED Widowed	SURVIVING SPOUSE (If wife, give i
SOCIAL SECURITY NUMBER 13. 6170	USUAL OCCUPATION (Given Working Life, Even if Retire 14a.	ve Kind of Work Done During Mos ed) Waitress	of KIND	of Business on Industr	
RESIDENCE—STATE COUN	NTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMI (Specify Yes or No
15aNevada 15b.	Douglas	15c. Gardnervil	SOME TO SERVICE THE	15d.615 Renee	Court 15e. Yes
FATHER—NAME First	Middle		ER— <i>MAIDEN NAME</i>	First	Middle Last
16. James	Henry	Hands 17.	the property of the property o	annie	Elizabeth Swee
INFORMANT—NAME (Type or Print)		MAILING ADDRESS	1 1 1 2 W. Harris 1988	treet or R.F.D. No., City or To	
18a. Ruby Treloar BURIAL, CREMATION, REMOVAL, OTHE	ED (Specific) LOCALTER	18b. 1102 OT	o way, Ga	rdnerville, l	
			1 Davis		City or Town State
19a. Burial FUNERAL DIBECTOR—SIGNATURE	THE TRY DRY TO THE TOTAL TO A	nstside Memoria	4 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	478 14 4 A A A A A A A A A A A A A A A A A	
(Or Person Acting/as Such)		NUMBER			Carson Valley Fu
20a. 21a To the best of my knowledge.	, death occurred at the type, date				Nevada 89410
due to the cause(s) stated.	death occurred agree whe, dan	y and place and		- 1	investigation, in my opinion death occ to the cause(s) and manner stated.
due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr. NAME OF ATTENDING PHYS 21d. 21d.	HOUR OF DE	ATH		and Title) NED (Mo., Day, Yr.)	HOUR OF DEATH
	경상 등 보고 한다는 한 역상으로		Ex		
SE 21b. 6/2/9	21c. 1650		Im2	NCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
ERIT OF ATTENDED			E ^O		THOROGROED BEAD (FIGUR)
	ERTIFIER (PHYSICIAN, ATTEN	DING PHYSICIAN, MEDICAL EXA	22d. ON MINER, OR CORONI	R). (Type or Print.)	22e. AT LICENSE NUMBER
REGISTRAR A	oskins M.D.,	1190 High Scho	OL Street	Minden, Nv.	23b. 4628 O COMMUNICABLE DISEASE
(Vivano		-00		
24a. (Signature) 25. IMMEDIATE CAUSE (ENTER)	ONLY ONE CAUSE PER LINE F	OR (a), (b), AND (c),	77—	24c. YES	NOX Interval between onset an
\mathcal{O}	M.	a operation 🚩 republication of the arranger		2. 1 At al.	
PART (a) (COL) DUE TO, OR AS A CONS	a) CMCCM SEQUENCE OF:	oma work	weegy	red Metas;	• Interval between onset an
(• • • • • • • • • • • • • • • • • • •
DUE TO, OR AS A CONS	SEQUENCE OF:				Interval between onset an
			/	grade in die eerste begen die de seel van die beste die eerste begen die die beste die de de die die die die d Die die die die die die die die die die d	•
(c)	DITIONS—Conditions contributing	g to death but not resulting in the u	inderlying cause given	in Part 1. AUTOPSY	(Specify WAS CASE REFERRED T
PART OTHER SIGNIFICANT COND		N. 1		Ye	s or No. CORONER (Specify Yes o
PART OTHER SIGNIFICANT COND	1 15		cles	²⁶ No	^{27.} Yes
"SP Perforated	E DE INJURY (Ma. Day Yo.) HOL		RE HOW INJURY OCC	CURRED	
ACC., SUICIDE, HOM., UNDET., DATE OR PENDING INVEST.	E OF INJURY (Mo., Day, Yr.) HOL	UR OF INJURY DESCRI	BE HOW INJURY OC	CURRED	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. 28b.	E OF INJURY (Mo., Day, Yr.) HOU 28c.	UR OF INJURY DESCRIE M 28d.			CITY OR TOWN STATE
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28b. INJURY AT WORK (Specify Yes, or No)	E OF INJURY (Mo., Day, Yr.) HOL	UR OF INJURY DESCRII M 28d. , street, factory, office LOCATIO		EET OR R.F.D. No.	CITY OR TOWN STATE
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28b. INJURY AT WORK PLACE	E OF INJURY (Mo., Day, Yr.) HOU 28c. CE OF INJURY—At home, farm,	UR OF INJURY DESCRII M 28d. , street, factory, office LOCATIO			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify Yes, or No)	E OF INJURY (Mo., Day, Yr.) HOU 28c. CE OF INJURY—At home, farm, building, etc. (Sp	UR OF INJURY DESCRIFT M 28d. , street, factory, office LOCATION 28g.		EET OR R.F.D. No.	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify Yes, or No)	E OF INJURY (Mo., Day, Yr.) HOU 28c. CE OF INJURY—At home, farm, building, etc. (Sp	UR OF INJURY DESCRII M 28d. , street, factory, office LOCATIO		EET OR R.F.D. No.	No. 14647

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

Date Issued:

JUN 0 3 1990 508745

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



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LIHDA SLATER RECORDER \$ 9 PAID K DOEPUTY