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A.P.N. 1320-30-815-011

RECORDING REQUESTED BY:  
Marilyn E. Trelenberg

✓ WHEN RECORDED MAIL TO:  
Sandra G. Lawrence  
Dyer, Lawrence, Cooney & Penrose  
2805 North Mountain Street  
Carson City, Nevada 89703

-----  
AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA        )  
                                  :SS  
CARSON CITY            )

MARILYN E. TRELENBERG, of legal age, hereby states under penalty of perjury that the following statements are true:

That Affiant is MARILYN E. TRELENBERG, the person named as Joint Tenant, one of the Grantees in that certain Grant, Bargain and Sale Deed recorded as File No. 08481, in Book 427, Page 761, in the office of the County Recorder of Douglas County, City of Minden, State of Nevada, referring to the following described property situated in the County of Douglas, State of Nevada:

Lot 7, as shown on the map of GREENBELT NO. 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 8, 1976, as Document No. 86596.

Book 427, Page 761, No. 08481.

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That WALTER H. TRELENBERG, the deceased, was one of the Grantees named in said Grant, Bargain and Sale Deed and was the identical person named as WALTER HERMAN TRELENBERG, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

That WALTER H. TRELENBERG, the deceased, died on the 4th day of September, 1999, in the County of Douglas, City of Minden, State of Nevada.

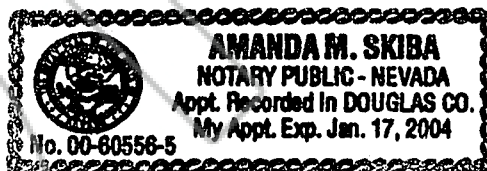
DATED this 18<sup>th</sup> day of January, 2001.

Marilyn E. Trelenberg  
Marilyn E. Trelenberg

SUBSCRIBED and SWORN to before me

this 18 day of January, 2001.

Amanda Skiba  
NOTARY PUBLIC



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# 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

99 010509

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Walter Herman TRENBERG		2. September 4, 1999	3a. Douglas
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)
3b. Minden		3c. Minden Medical Center	3e. Emergency Room 2
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS
5. White	6.	7a. 68	7b. :
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)
9a. Michigan	9b. U.S.A.	10. 18	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. 2541	14a. Mechanical Engineer	14b. Aerospace	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Minden	15d. 1646 County Road
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Emil Trelenberg		17. Emma Marek	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Marilyn E. Trelenberg		18b. P. O. Box 1101, Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State	
19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>James M. Merry</i>	20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Thomas Merry</i>		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) <i>Thomas Merry</i>	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. SEP 08 1999		21c. 1030	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22b.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Thomas Merry, M.D., 1107 Hwy 395, Gardnerville, Nevada 89410		22c.	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) <i>Vera R. Kuchanp</i>	24b. Sept. 9, 1999	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c.)			
PART I (a) <i>Cardiac Arrest</i>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		:	
(b) <i>Myocardial Infarction</i>		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		:	
(c)		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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No		26. No	27. Yes
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.	

No.154917

STATE REGISTRAR

*Gyovonne Sylva*

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

Date Issued: NOV 04 1999

0508975

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
Sandra G Lawrence  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2001 FEB 20 PM 2:19

LINDA SLATER  
RECORDER

\$ 10<sup>00</sup> PAID K DEPUTY

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