APN: 1022-15-001-078

AFFIDAVIT - DEATH OF JOINT TENANT

없다. 어머니는 사실 하다 그림 그래 하다 되네다는 데일까?	가 없는 그는 이렇게 말려면 하셨습니까? 그런 그리다는 하고 있는데 이글로 나다.
ETELKA CARTIER	, of legal age, being first duly sworn, deposes and says:
That PAUL K. CARTIER JR	the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as PAUL K. CA	ARTIER
named as one of the parties in that certain <u>INDIVIDUAL G</u>	RANT DEED dated JUNE 30, 1992
executed by IRENE E. SHIPLEY, A WIDOW	
to PAUL K. CARTIER AND ETELKA CARTIER, HUSBAI	ND AND WIFE
as joint tenants, recorded as Instrument No. 285889	on <u>AUGUST 13, 1992</u> , ir
Book 892 , Page 2059	, of Official Records of _DOUGLAS
County, Nevada, covering the following described property	situated in the
, County of Do	ouglas , State of Nevada:
Lot 21, in Block C, as shown on the map of TOPAZ RANCH EDOUGLAS County, State of Nevada, on November 16, 1970, in I	ESTATES UNIT NO. 4, filed for record in the Office of the County Recorder of Book 1 of Maps, Page 224, as Document No. 50212.
That the value of all real and personal property owned by described, did not then exceed the sum of \$	said decedent at date of death, including the full value of the property
described, did not then exceed the sum of \$\pi\$	
Dated JANUARY 31, 2002	
STATE OF NEVADA COUNTY OFDOUGLAS	S.S. ETELKA CARTIER
This instrument was acknowledged before me on	\ \
by January 31, 2002 Notary Public	
CHARLENE L. HANOVER Notary Public - State of Nevada Appointment Recorded in County of Douglas 98-2565-5 My Appointment Expires Jan. 27, 2003	(This area for official notarial seal)
Title Order No.	Escrow or Loan No.758342

Title	Order No.		Escrow or Loa	n No.758342		
		SPACE BELOW THIS LINE FOR RECORDER'S USE				
	RECORDING REQUESTED BY					
	Western Title Company, Inc.					
,	AND WHEN RECORDED MAIL TO					
Name	ETELKA CARTIER					
Street Address	3924 GRANITE WAY					
					•	
City,State Zip	WELLINGTON, NV 89444				4	

0533604



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

	LOCAL FILE NUMBER		의 항상, 항공 보고 원으로 되었다.		STATE FILE NUMBER
TYPE /	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Yea	COUNTY OF DEATH
OR PRINT			CADETED I-	2 January 1, 20	02 3a Douglas
PERMANENT	Paul	K.	CARTIER Jr. I INSTITUTION—Name (If not either, give		indicate DOA, OP/Emer. SEX
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER	i iivətti üti üti—Name (ii not eitner, give	Rm. Inpatient (S	
	3b. Wellington	₃c. 3924 Gr	anite Way	3e.	4 Male
DECEDENT	RACE—(e.g., White, Black, American	Was Decedent of Hispanic Orig	in? Specify □ yes 🗷 no If yes, AGE-L		R 1 DAY DATE OF BIRTH (Mo., Day, Yr.)
	· · · · · · · · · · · · · · · · · · ·		Hican, etc. Birthday		S : MINS
'.	WIIIE	6.	7a. 8		** SURVIVING SPOUSE (II wife, give maiden name)
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN-	Decedent's Education. Specify highe grade completed.	WIDOWED DIVORCED	SOMATORIA SPOUSE (II WHE, GIVE INSIDER THATIE)
OCCURRED IN INSTITUTION	9a. Ohio	9b. U.S.A.	10. 16 Years	(Specify) Married	12 Etelka Green
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Giv	e Kind of Work Done During Most of	KIND OF BUSINESS OR INDUS	TRY
COMPLETION OF		Working Life, Even if Retire		14b Account fr	
RESIDENCE ITEMS	13. 8830	14a.	Accountant Totry, town, or Location	14b. Accounting	2024 I INSIDE CITY LIMITS
	RESIDENCE—STATE COUN	IIV	CITY, TOWN, OR ECCATION	STREET AND WOUNDER	3924 (Specify Yes or No)
-	15a. Nevada 15b.	Douglas	15c. Wellington	15d. Granite	Way 15e. Yes
<u> </u>	FATHER—NAME First	Middle	Last MOTHER—MA	IDEN NAME First	Middle Last
PARENTS	16 D 7	7.3.	ctier Sr. 17.	LaVerne	Kretzinger
	16. Paul INFORMANT—NAME (Type or Print)	Harriston (Ca)	MAILING ADDRESS	(Street or R.F.D. No., City or	
•	^{18a.} Etelka Cartier	- Wife	18b. 3924 Granit		
	BURIAL, CREMATION, REMOVAL, OTHE		Y OR CREMATORY—NAME	LOCATION	City or Town State
	19a. Cremation	19b. T	FitzHenry's Cremat	orv 190. Ca	arson City, Nevada
DISPOSITION	FUNERAL DIBECTOR—SIGNATURE	FUNERAL	DIRECTOR NAME AND ADDRESS OF NUMBER		Carson Valley Funeral
	(Or Person Acting as Such)		NUMBER		
	20a. 20a.	20b. 2]			nerville, Nv 89410
	Z 21a 76 the best of my knowledge, of due to the cause(s) stated.	death decurred at the time, date	and place and	at the time, date and place and	for investigation, in my opinion death occurred due to the cause(s) and manner stated.
	21a To the best of my knowledge, of the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. NAME OF ATTENDING PHYSI 21d.	6 00 9	A Policy A policy	৪ (Signature and Title)	
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF GE	ATH S	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
	E V		i i i i i i i i i i i i i i i i i i i	4	22c.
CERTIFIER	3 2 21b. 1 3 0		0100	22b.	
SERIII IEII	NAME OF ATTENDING PHYS	ICIAN IF OTHER THAN CERTI	FIER (Type or Print) 모으	PRONOUNCED DEAD (Mo., Day, YI	PRONOUNCED DEAD (Hour)
l	Ö 21d.			22d. ON	22e. AT
[NAME AND ADDRESS OF CE	RTIFIER (PHYSICIAN, ATTEN	DING PHYSICIAN, MEDICAL EXAMINER,	OR CORONER). (Type or Print.)	LICENSE NUMBER
		-1 W D 1	107 Urar 305 Cards	veryille Ny 8941	O 23b. 7446
	Projetnas Evan W. Ea	astey M.D., 1	107 Hwy 395 Gards	REGISTRAR (Mo., Day, Yr.) DEATH DU	E TO COMMUNICABLE DISEASE
CONDITIONS IF ANY	REGISTRAR				
WHICH GAVE	24a. (Signature)	OR	24b. (Gn	4 2/202 24c. YE	s∏ Nopp
RISE TO IMMEDIATE	25. IMMEDIATE CAUSE (ENTER O	NLT ONE CAUSE PER LINE F			• Interval between onset and death
CAUSE STATING THE UNDERLYING	max a llend	1 ston	1- Orline		
UNDERLYING CAUSE LAST	DUE TO, OR AS A CONS	EQUENCE OF:	,		Interval between onset and death
	DOL TOTAL AS A COMS				
احنا	. (b) Ma	umon.			•
	DUE TO-OR AS A CONS	EQUENCE OF:			interval between onset and death
	(c) 1 1 - 1 - 1	ring.	Jument	- To-	
CAUSE OF		TIONS—Conditions contributing	to death but not resulting in the underlying	g cause given in Part 1. AUTOPSY	(Specify WAS CASE REFERRED TO
DEATH"			- \ 1		Yes or No) CORONER (Specify Yes or No)
			T DECOMP	26. No	Yes Yes
	OR PENDING INVEST.	OF INJURY (Mo., Day, Yr.) HOL	JR OF INJURY DESCRIBE HOW	INJURY OCCURRED	
	(Specify) 28a.	28c.	M 28d.		
L	INJURY AT WORK PLAC	E OF INJURY—At home, farm,	street, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
	(Specify Yes or No)	building, etc. (Sp	pecify) 28g.		
	28e. 28f.		zoy.		
_/		1			No. 216020
/	/	STATE F	REGISTRAR	/	
/	/	The state of the s		14.	

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

Date Issued:

JAN 0 4 2002

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
Etelka Cart
IN OFFICIAL RECORDS OF
DOUGLAS COLNEYADA

2002 JAN 31 AM 9: 13

LINDA SLATER RECORDER

\$ 15 PAID K 2 DEPUTY

0533604 BK0102PG9426