	1220-04	80
ESCROW NO. 02	0807122	

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

Vivice Henningsen PO 1983 Munden NV 89423

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF Douglas } ss.
COONTI OI
Vivica Bell, of legal age, being first duly sworn, deposes and say
That JOANNE SLOAN BELL , the decedent mentioned in the attached certified con
of Certificate of Death, is the same person as JOANNE SHOPEN BELL
named as one of the parties in that certain GRANT DEED dated 11/5/99
executed by Yvonne S. Bell & Joanne S. Bell Particle Roll Particle Roll Particle Roll Particle Roll
to Joanne S. Bell , Vivica Bell and Valentina Bell as joint tenants, recorded as Instrument No. 0/801/5, on 11/5/99
in Book 1199 , Page 0901 , of Official Records of Douglas
County, Nevada, covering the following described property situated in the unincorporated
County, State of Nevada:
TO STANDARD TOUTH NO
Lot 112, in Block A, as shown on the plat of KINGSLANE UNIT NO.
3-B, filed for record in the Office of the County Recorder of
Douglas County, Nevada, on October 26, 1977, as Document No.
14385.
Assessor's Parcel No. 1220-04-113-008. §
Vivica Henningsen
VIVICE Hellitigeen
D. 1000 Taylor 20 2002
DATE: July 30, 2002
MARY H. KELSH
Notary Public - State of Nevada
Appointment Recorded in County of Douglas
95-42567-5 My Appointment Expires Nov. 5, 2002
A CONTRACT OF THE PROPERTY OF
STATE OF Nevada } 98-49567-5
} ss.
COUNTY OF DOUGLAS
2/20/0
This instrument was acknowledged before me on 8/0/100,
by, Vivicia Haniapsin
Signature Toland Alash
Notary Public Notary Public
INUTALLY FULLIC

0551133

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

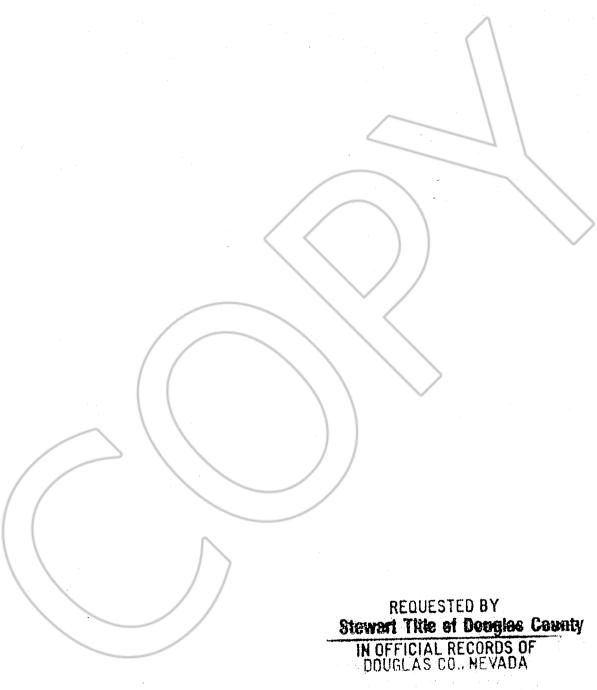
RULL TU	6 IMAGE 894		CERTIFICATE O	PUEAIN		
		380		10 05.05.05.	Marth Day Your	STATE FILE NUME
DECEASED	IAME First	Middle	Last	DATE OF DEATH	Month, Day, Year)	
1.	Joanne	Sloan	BELL	2 March		3a. Wash
CITY, TOWN C	R LOCATION OF DEATH	HOSPITAL OR OTHER	INSTITUTION—Name (If not either	, give street and number)	If Hosp. or Inst. indica Rm. Inpatient (Specify	te DOA, OP/Emer. S
36. Reno		3c. Washoe M	Medical Center	_	30. Inpatie	
RACE-(e.g., V	/hite, Black, American Wa	as Decedent of Hispanic Origin	2 Specify T yes to no if yes. A	GE—Last UNDER 1 MOS C		
		ecity Mexican, Cuban, Puerto	nicari, etc 15	ь. 70 гр.	7c.	8. Februar
5. Whit		CITIZEN OF WHAT COUN-			R MARRIED,	SURVIVING SPOUSE (If w
(If πot U.S.A., n	ame country)	TRY	grade completed.	(Specify) 11. WIdow	a.d.	12.
9a. <u>Illi</u>		9b. U.S.A.	10. 12 Kind of Work Done During Most of		IESS OR INDUSTRY	-
SOCIAL SECU	ALLA NOWREH	Working Life, Even if Retired)			
13.	-1499	14a Clerical/			te of Cali	1 10 10 E 3
RESIDENCE-	STATE COUNTY		CITY, TOWN, OF LOCATION	SINES	I AND NOWBER I	3/9 (Specify Y
15a. Ne	vada 15b. (Carson	15c. Gardenervil		ueens Cou	
FATHER-NAM	1E First	Middle	Last MOTHE	MAIDEN NAME F	rst .	Middle
16.	Howard	P. 10000	Sloan 17.	A Es	ther	Marie 01
	NAME (Type or Print)	7	MAILING ADDRESS		F.D. No., City or Town	, State, Zip)
			I O Pa	x 1983 Minde	Morrada	80/123
	ica Henningse		OR CREMATORY—NAME	x 1903 Milling	TLOCATION	City or Town
BURIAL, CREA	MATION, REMOVAL, OTHER	(Specify) CEMETER	OR CHEMATOR I TANKE			_
19a. Cre	mation	19b. Sie	erra Crematory		19c.	Reno,
FUNERAL DIR (Or Person Act	ECTOR—SIGNATURE	FUNERAL LICENSE'N	DIRECTOR NAME AND ADDRE	ss of FACILITY Walt	on Funeral	. Home
20a. 20a		200. 16		st Second St	reet Reno,	Nevada 895
7 T	the best of my knowledge, dea			00 0 0 1	insting and/or in	vestigation, in my opinion of the cause(s) and manner
eub Ope	to the cause(s) stated.	FAIII			_	ale cause(e) are manner
	gnature and Title) TE SIGNED (Mo., Day, Yr.)	HOUR OF DE	VTH	O Signature and Title DATE SIGNED (Mo		HOUR OF DEATH
ed DA	/	/		ໄດ້ພຸດວິດ 22b.	1	22c.
응물 <u>21</u> 년		21c. 11:		PRONOUNCED DE	AD (Mo Day Yr)	PRONOUNCED DEAD (H
SE NA	ME OF ATTENDING PHYSIC	IAN IF OTHER THAN CERTIF	TEH (Type of Print)	P PHONOGRADED BE	AB (mo., Bay, The	, , , , , , , , , , , , , , , , , , , ,
「B 210	i.		Mary Mary Company of the Company of	22d. ON		22e. AT
NA	ME AND ADDRESS OF CER	TIFIER (PHYSICIAN, ATTEND	DING PHYSICIAN, MEDICAL EXAM	INER, OR CORONER). (Type	or Print.)	LICENSE NUM
23	(Alm FL	112/n/75	rmale #5	OI LENO	111 84.) () (23b. 5)
REGISTRAR	- War	Vica III	DATE RECEIVE	BY REGISTRAR (Mo., Day,	(r.) DEATH DUE TO	COMMUNICABLE DISEAS
	A MANIE	1 Antonoh	Den. 246. Apri	1 5, 2002	24c. YES∏	NO ⊠ _
24a, (Signature	1/4/ (-2/5 4)	Y ONE CAUSE PER LINE FO		1 5, 2002		Interval between
25. IMMEDIAT	ECAUSE (ENTER LIVE	TONE CAUSE PERIOR	511 (a), (b), A112 (c).)	/		•
PART (a)	Cardiac A			<u> </u>		Interval between
	DUE TO, OR AS A CONSEC	QUENCE OF:				• Itiliatasi natwaati
(b)	Pneumonia	1				
} 🚟	DUE TO, OR AS A CONSEC	QUENCE OF:				• Interval between
1						
(c)	HER SIGNIFICANT CONDITION	ONS—Conditions contributing	to death but not resulting in the un	derlying cause given in Part 1	AUTOPSY (S	pecify WAS CASE REFE or No. CORONER (Speci
PART UI	HER SIGNIFICANT CONDITION	Olice Collaborations				or No) CORONER (Speci
			DECCRIP	HOW IN HERY OCCUPRED	26. No	27. 110
ACC., SUICID OR PENDING	E, HOM., UNDET., DATE OF	FINJURY (Mo., Day, Yr.) HOU	R OF INJURY DESCRIBI	HOW INJURY OCCURRED		
(Specify) 28a.	286.	28c.	M 28d.			
INJURY AT W	ORK PLACE	OF INJURY—At home, farm,	street, factory, office LOCATION	I. STREET OR F	.F.D. No.	CITY OR TOWN ST
A PARTY S	r No) 28f.	building, etc. (Spe	28g.			
	281.	<u>/</u> /				
					_	
UN CUMY			EGISTRAR		ľ	vo. 2128

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

Deputy Registrar: Derbara Lee Hun 55 1 33 Date

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

8X0802761 1370



2002 AUG 30 PM 1: 21

LINDA SLATER RECORDER

\$ 16. PAID DE DEPUTY

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