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CLERK OF DISTRICT COURT
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Case No. 28541
Department NO. III

IN THE THIRD JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF CHURCHILL

In the matter of the estate)
of:)
GERARD W. CUNNYNGHAM aka JERRY)
WAYNE CUNNYNGHAM aka JERRY)
WAYNE FERGUSON,)
Deceased.)
_____)

ORDER SETTING ASIDE ESTATE
WITHOUT ADMINISTRATION

The Petition to Set Aside Estate filed by GERALDINE CUNNYNGHAM, as to the estate of GERARD W. CUNNYNGHAM aka JERRY WAYNE CUNNYNGHAM aka JERRY WAYNE FERGUSON, deceased, came on for hearing this 18th day of June, 2002, and the Court finding that the allegations contained in the Petition are true and correct and that notice of these proceedings have been given in accordance with law, and good cause appearing therefor,

IT IS HEREBY ORDERED, ADJUDGED AND DECREED that the decedent's interest in the following described real property be

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set aside to decedent's widow, IVA GENE CUNNYNGHAM:

The NE¼ of the NW¼ of Section 2, T.14N.,
R.19E., MDB&M, Douglas County, Nevada.

DATED: This 18 day of June, 2002.

Robert E. Galt
DISTRICT JUDGE

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in my office.

Date: 6-18-02 **SEAL**

Gloria Venturacci, County Clerk and Clerk of the Third Judicial District Court of the State of Nevada, in and for Churchill County.

By Shelley Hooten, Deputy

0574776

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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

95 000655

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH
1. Gerard Wayne CUNNINGHAM		2. January 17, 1995		3a. Churchill		
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify)	SEX	
3b. Fallon		3c. 1431 River View Dr.		3e. 7	4 Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
5. White		6. No		7a. 63	7b. :	7c. :
DATE OF BIRTH (Mo., Day, Yr.)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. December 24, 1931		9b. USA		10. 16		11. Married
SURVIVING SPOUSE (If wife, give maiden name)		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY
12. Geneie Kelley		13. ████████-3965		14a. School Teacher		14b. Education
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada		15b. Churchill	15c. Fallon	15d. 1431 Riverview Dr.		15e. No
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last			
16. Kenneth Cunningham			17. Ruby Gauthier			
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Geneie Cunningham - Wife			18b. 1431 River View Dr. Fallon, Nevada 89406			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
19a. Burial		19b. Churchill Public Cemetery		19c. Fallon Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 47	20c. Smith Family F.H. Box 1545 Fallon, NV 89407			
21a. 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>[Signature]</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>[Signature]</i>			
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 1-18-95			21c. 12:30 am		22b. :	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d. :			22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER	
23a. Gary C. Ridenour M.D. 625 W. Williams Av. Fallon, NV 89406					23b. 4525	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
24a. <i>[Signature]</i>		24b. 1-18-95		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) CARDIOPULMONARY ARREST						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) 160.4) FRONTAL SINUS CARCINOMA						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) :						
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)	
PART II				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. :		28h. :	

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STATE REGISTRAR

[Signature]

No. 069587

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

Date Issued: MAR 14 2002

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2003 APR 28 AM 11:02

WERNER CHRISTEN
RECORDER

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