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REQUESTED BY  
Rachelle J Nicolle  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

APN: 1320-30-211-010 (Old APN: 17-252-01)

2003 JUL 10 PM 12: 07

**RECORDING REQUESTED BY AND  
AFTER RECORDING MAIL THIS DEED TO:**

Rachelle J. Nicolle  
Attorney at Law  
1662 Highway 395, Suite 214  
Minden, NV 89423

WERNER CHRISTEN  
RECORDER

8/6<sup>00</sup> PAID KJ DEPUTY

**MAIL TAX STATEMENTS TO:**

MARLENE G. REINECKE  
P.O. Box 1767  
Minden, NV 89423

**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, MARLENE G. REINECKE, being duly sworn say:

1.) I am 18 years of age, or over. The decedent described in the attached certified copy of the Certificate of Death is the same person as WALTER M. REINECKE, who is named with me as one of the parties in the deed dated 7-22-1991, executed by Fred Evans and Jennie Evans, husband and wife as joint tenants, and granted to WALTER M. REINECKE and MARLENE G. REINECKE, husband and wife, as Joint Tenants, recorded as Instrument No. 256612 on 7-31-1991, in Book 791, Page 5388, of Official Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

the real property situate in the County of DOUGLAS, State of Nevada described as follows:

LOT 1 IN BLOCK F, AS SHOWN ON THE OFFICIAL MAP OF WESTWOOD VILLAGE UNIT NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON OCTOBER 5, 1979, AS DOCUMENT NO. 37417, OFFICIAL RECORDS.

**ASSESSOR'S PARCEL NO. 1320-30-211-010 (Old APN: 17-252-01)**

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

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2.) As a result of the death of my husband WALTER M. REINECKE, I affirm and declare under penalty of perjury under the laws of the State of Nevada, that as the sole remaining surviving joint tenant, I am now the sole owner of the above-described real property, and possess one hundred percent (100%) ownership over such property.

IN WITNESS WHEREOF, dated: July 7<sup>th</sup>, 2003.

Marlene G. Reinecke  
MARLENE G. REINECKE

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of Nevada )

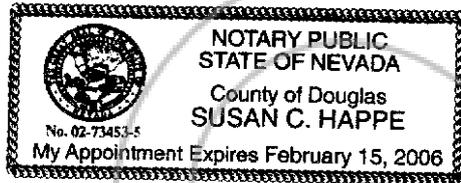
County of Douglas )

Signed and Sworn to before me

on July 7<sup>th</sup>, 2003 by MARLENE G. REINECKE.

WITNESS my hand and official seal.

Susan C. Happe  
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

	LOCAL FILE NUMBER	DECEASED—NAME 1. <b>Walter M. REINECKE</b>	DATE OF DEATH (Month, Day, Year) 2. <b>April 11, 2003</b>	STATE FILE NUMBER	COUNTY OF DEATH 3a. <b>Douglas</b>	
<b>DECEDENT</b>	CITY, TOWN OR LOCATION OF DEATH 9b. <b>Minden</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>830 Mahogany Drive</b>		SEX 4. <b>Male</b>	
	RACE—(e.g. White, Black, American Indian, etc.) (Specify) 5. <b>White</b>	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. <b>76</b>	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	
<b>F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	STATE OF BIRTH (If not U.S.A., name country) 9a. <b>Illinois</b>	CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>	Decedent's Education. Specify highest grade completed. 10. <b>12</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) 12. <b>Marlene Johnson</b>	
	SOCIAL SECURITY NUMBER 13. <b>████████-5062</b>	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Police Officer</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>Law Enforcement</b>			
<b>PARENTS</b>	RESIDENCE—STATE 15a. <b>Nevada</b>	COUNTY 15b. <b>Douglas</b>	CITY, TOWN, OR LOCATION 15c. <b>Minden</b>	STREET AND NUMBER 15d. <b>830 Mahogany Dr.</b>	INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>yes</b>	
	FATHER—NAME 16. <b>Merton Reinecke</b>		MOTHER—MAIDEN NAME 17. <b>Effie McGregor</b>			
<b>DISPOSITION</b>	INFORMANT—NAME (Type or Print) 18a. <b>Marlene G. Reinecke - Wife</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>830 Mahogany Drive, Minden, Nevada 89423</b>			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 19b. <b>Eastside Memorial Park</b>	LOCATION City or Town State 19c. <b>Minden, Nevada</b>		
<b>CERTIFIER</b>	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>217</b>	NAME AND ADDRESS OF FACILITY 20c. <b>Home, 1380 Hwy 395, Gardnerville, NV 89410</b>		
	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> <b>Basil E. Chryssos M.D.</b>		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.) 21b. <b>4/16/03</b>	HOUR OF DEATH 21c. <b>0009</b>	DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. <b>Basil E. Chryssos, M.D., 704 W. Nye Lane #102, Carson City, NV</b>		LICENSE NUMBER 23b. <b>6678</b>				
<b>CAUSE OF DEATH</b>	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>April 17, 2003</b>	DEATH DUE TO COMMUNICABLE DISEASE 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) <b>Cardiac arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Atherosclerotic Heart Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Ischemic cardiomyopathy</b>		Interval between onset and death Interval between onset and death 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) 26. <b>no</b>	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>yes</b>			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. <b>M</b>	DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	



STATE REGISTRAR

No. 248321

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

Date Issued: **APR 17 2003 0582843**

*[Signature]*  
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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