

16-

A.P.N. # 1220-16-810-019
ESCROW NO. _____
RECORDING REQUESTED BY:

REQUESTED BY
Fred Allerman
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 OCT -9 PM 4:50

WERNER CHRISTEN
RECORDER

\$ 16⁰⁰ PAID Bh DEPUTY

WHEN RECORDED MAIL TO:

FRED ALLERMAN
1332 WHEELER WAY
GARDNERVILLE, NV 89460

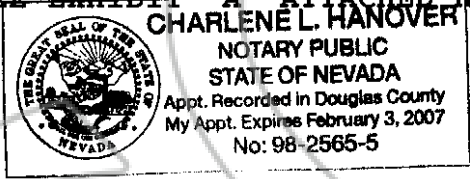
(Space Above For Recorder's Use Only)

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

FRED D. ALLERMAN _____, of legal age, being first duly sworn, deposes and says: That **LINDA C. ALLERMAN** _____, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **LINDA C. ALLERMAN** named as one of the parties in that certain **GRANT DEED** dated **June 27, 1972** executed by **EDWARD A. HARRIS AND LILLIAN Z. HARRIS, HIS WIFE** to **FRED D. ALLERMAN AND LINDA C. ALLERMAN, HIS WIFE AS JOINT TENANTS** as joint tenants, recorded as Instrument No. **60328**, on **June 28, 1972** in Book **102**, Page **482**, of Official Records of **DOUGLAS** County, Nevada, covering the following described property situated in **DOUGLAS** County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF



DATE: **October 09, 2003**

Fred D. Allerman

FRED D. ALLERMAN

STATE OF Nevada }
 } ss.
COUNTY OF DOUGLAS }

This instrument was acknowledged before me on October 09, 2003
by, FRED D. ALLERMAN

Signature *Charlene L. Hanover*

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

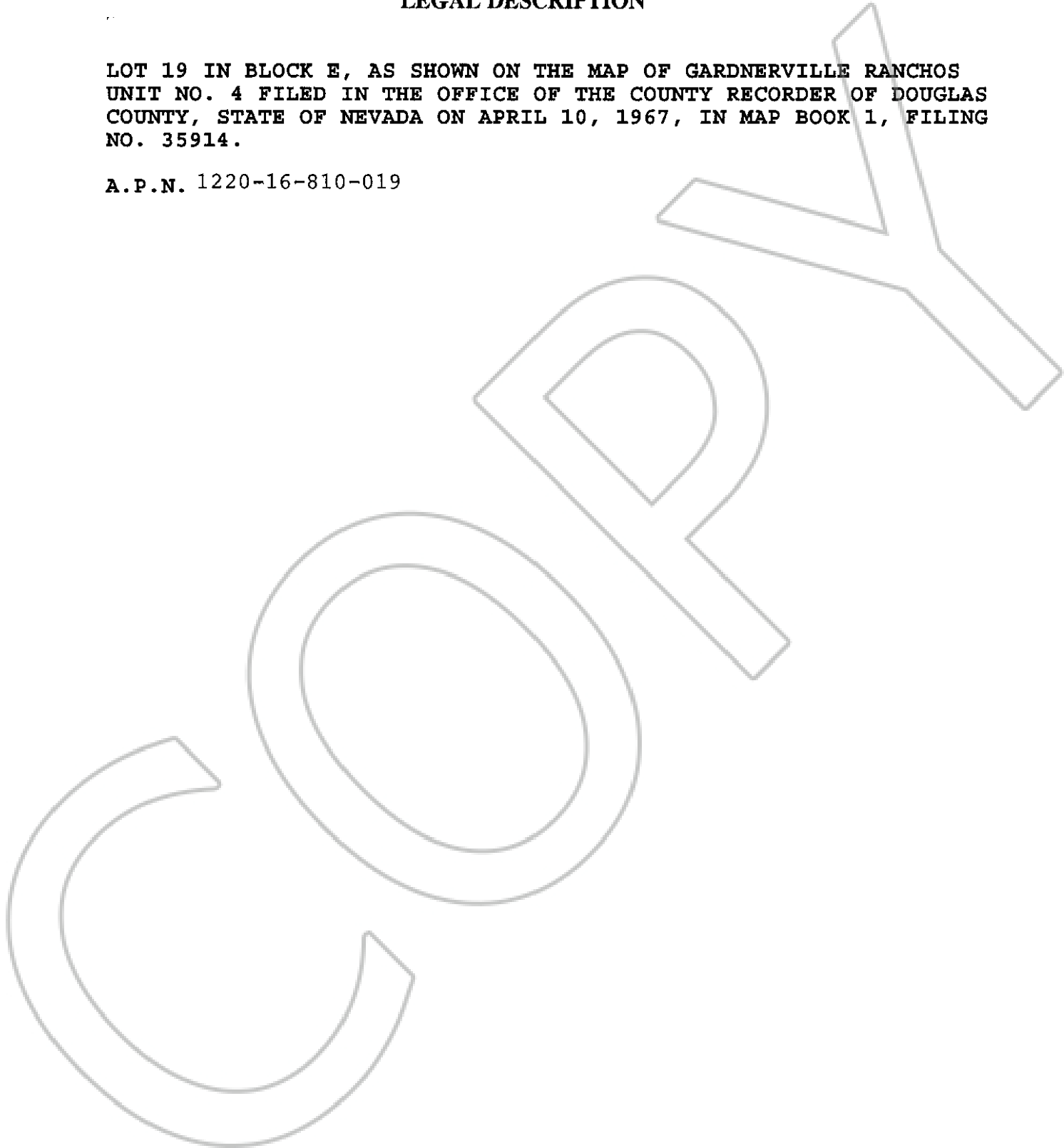
0593011
BK 1003PG4655

EXHIBIT "A"

LEGAL DESCRIPTION

LOT 19 IN BLOCK E, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS
UNIT NO. 4 FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS
COUNTY, STATE OF NEVADA ON APRIL 10, 1967, IN MAP BOOK 1, FILING
NO. 35914.

A.P.N. 1220-16-810-019



0593011
BK1003PG4656

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		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Linda C. ALLERMAN		2. August 5, 2003	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. Inpatient (Specify)
3b. Gardnerville		3c. 1332 Wheeler Way	3e. Female
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)
5. White		6.	7a. 53
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Indiana		9b. USA	10. 12
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. [REDACTED]-8742		14a. Certified Nurses Aide	14b. Medical Field
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Douglas	15c. Gardnerville
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Larry Clark		17. Michelle Tiedge	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Fred Allerman		18b. 1332 Wheeler Way, Gardnerville, NV 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Walton's Sierra Crematory	19c. Carson City, Nevada
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. [Signature]		20b. 9	20c. 1281 N. Roop St., Carson City, Nevada 89706
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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.	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 8/8/03		22b. [REDACTED]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1824		22c. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [REDACTED]		22d. ON [REDACTED]	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Andrea Miller, M.D., 1374 Bridle Way, Minden, NV 89423		23b. 8912	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. [Signature]		24b. August 8, 2003	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) renal failure			
PART II (b) [REDACTED]			
PART II (c) [REDACTED]			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No		26. No	27. No
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.	

STATE REGISTRAR

No. 244011

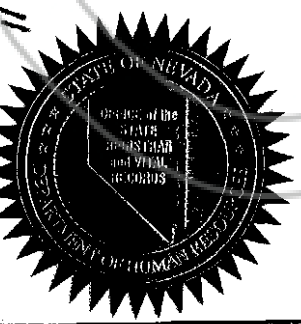
Yvonne Sylvia

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

Date Issued: AUG 08 2003 0593011 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

0593011
BK 1003 PG 4657



BK 1003 PG 4657