

✓ Henry W Cavallera
410 California Av
Reno NV 89509

REQUESTED BY
Henry W Cavallera
IN OFFICIAL RECORDS OF
DOUGLAS CO, NEVADA

2003 NOV 25 PM 2:20

WERNER CHRISTEN
RECORDER

S.16-⁶⁰ PAID KJ DEPUTY

**Mail Tax Statements and
When Recorded Mail To:**

Phyllis J. Staab
3726 Pinion Way
Wellington, NV 89444

A.P.N. ~~37-271-06~~ 1022-09-001-104

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

PHYLLIS J. STAAB, spouse of the deceased, does hereby swear under penalty of perjury that the assertions of this affidavit are true and deposes and says that Affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

1. I am the surviving joint tenant of DONALD F. STAAB, the deceased joint tenant in the property described herein.

2. The joint tenancy was created by a Joint Tenancy Deed, recorded on July 12, 1990, as Document No. 230076 of the records of the office of the County Recorder of Douglas County, State of Nevada.

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3. The legal description of the real property is as follows:

Lot 40, as shown on the map of TOPAZ RANCH ESTATES, UNIT NO. 3, filed in the Office of the County Recorder, on March 31, 1969, as Document No. 44091, Douglas County, Nevada.

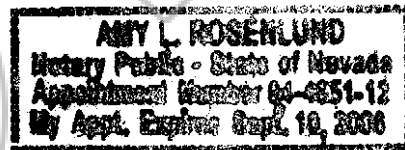
4. The deceased joint tenant's name is DONALD F. STAAB, who died on September 22, 2003, at Reno, Nevada. A certified copy of the death certificate is attached hereto as if set forth in full herein.

DATED this 16 day of November, 2003.

Phyllis J. Staab
PHYLLIS J. STAAB

SUBSCRIBED and SWORN TO before me
this 16th day of November, 2003.

Amy L. Rosenlund
NOTARY PUBLIC in and for said
County and State.



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

ROLL 112 IMAGE 145

2511

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME First Middle Last Donald Francis STAAB			2. DATE OF DEATH (Month, Day, Year) September 22, 2003		3a. COUNTY OF DEATH Washoe		
3b. CITY, TOWN OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Lifecare Center Of Reno		3e. SEX Male		
5. RACE —(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 76		8. DATE OF BIRTH (Mo., Day, Yr.) April 14, 1927	
9a. STATE OF BIRTH (If not U.S.A., name country) Iowa		9b. CITIZEN OF WHAT COUNTRY U.S.A		10. Decedent's Education. Specify highest grade completed. 10		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
13. SOCIAL SECURITY NUMBER 3290		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Locksmith		14b. KIND OF BUSINESS OR INDUSTRY Lock Service		12. SURVIVING SPOUSE (If wife, give maiden name) Phyllis J. Anderson	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Wellington		15d. STREET AND NUMBER 3726 Pinion Way	
15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER—NAME First Middle Last Louis P Staab		17. MOTHER—MAIDEN NAME First Middle Last Louise Stoffel			
18a. INFORMANT—NAME (Type or Print) Phyllis J. Staab			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3726 Pinion Way, Wellington Nevada 89444				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY—NAME Memorial Park		19c. LOCATION City or Town State Whittier California			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Carol E. Higgins</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 20		20c. NAME AND ADDRESS OF FACILITY Reno Memorial 253 E Arroyo Street, Reno Nevada 89502			
21a. To be completed by Certifying Physician 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> DATE SIGNED (Mo., Day, Yr.) 9-21-03				22a. To be completed by Coroner's Office 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. HOUR OF DEATH 1410				22b. HOUR OF DEATH			
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22c. PRONOUNCED DEAD (Mo., Day, Yr.)			
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Covent P. Anderson 7111 S. Virginia Reno NV 89511				22d. PRONOUNCED DEAD (Hour)			
23a. REGISTRAR (Signature) <i>[Signature]</i>				23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) September 23, 2003		23c. LICENSE NUMBER 3156	
24a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:				24b. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PART I (b) ASVD DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death			
PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				Interval between onset and death			
25. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)				26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. DATE OF INJURY (Mo., Day, Yr.)		28b. HOUR OF INJURY		28c. DESCRIBE HOW INJURY OCCURRED			
28d. INJURY AT WORK (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	

DECEASED

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH



STATE REGISTRAR

No. 242570

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

Deputy Registrar: *Barbara Lee Hunt*

Date: **SEP 26 2003**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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