

16-
A.P.N. 13-164-13
NEW 1920-07-411-060

RECORDING REQUESTED BY:

Raymond Harold Henderson

AND WHEN RECORDED, MAIL TO:

✓ Raymond Harold Henderson

886 Granite Court

Carson City, NV 89705

REQUESTED BY
Raymond Henderson
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JAN 13 PM 12:36

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID *K2* DEPUTY

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Raymond Harold Henderson, of legal age, being duly sworn, deposes and says

That **Inez Henderson**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Inez Henderson** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **July 30, 1987**, executed by **Richard P. Beaudette and Marilyn S. Beaudette** to **Raymond Harold Henderson and Inez Henderson, husband and wife**, as joint tenants, recorded as Instrument No. **159442**, on **July 31, 1987**, in Book **787**, Page **4964**, of Official Records of **Douglas** County, Nevada, covering the following described property situated in the County of , State of Nevada.

Lot 25 of **RIDGEVIEW ESTATES**, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 27, 1972 as Document No. 63503.

Together with an undivided 1/83 interest in and to all the common area, shown as "Parcel A" as set forth on said subdivision.

Excepting therefrom all minerals and mineral rights.

0601858

BK0104PG03520

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 113 IMAGE 157

LOCAL FILE NUMBER: 3493

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

1. Inez HENDERSON		DATE OF DEATH (Month, Day, Year) 2. December 19, 2003		COUNTY OF DEATH 3a. Washoe	
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. St. Mary's Regional Medical Center		If Hosp. or Inst. Indicate DOA, OP/Emer. Pm. Inpatient (Specify) 3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		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. 77	
STATE OF BIRTH (If not U.S.A., name country) 9a. Kentucky		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education: Specify highest grade completed. 10. 11	
SOCIAL SECURITY NUMBER 13. 6496		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Manager		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Carson City	
FATHER—NAME First Middle Last 16. Raymond Nicholas		MOTHER—MAIDEN NAME First Middle Last 17. Mary Cash			
INFORMANT—NAME (Type or Print) 18a. Raymond Henderson - Husband			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 886 Granite Court, Carson City, Nevada 89705		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217		NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home 833 N. Edmonds Drive, Carson City, NV 89701	
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.) 21b. December 24, 2003	
21c. HOUR OF DEATH 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.) 22c. HOUR OF DEATH 22d. PRONOUNCED DEAD (Mo., Day, Yr.) 22e. ON		22f. PRONOUNCED DEAD (Hour) 22g. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520					LICENSE NUMBER 23b. WCC S. 35
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 23, 2003		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) Acute myocardial infarction		DUE TO, OR AS A CONSEQUENCE OF:			
PART I (b) Hypertensive and atherosclerotic cardiovascular disease		DUE TO, OR AS A CONSEQUENCE OF:			
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. no		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. yes	
ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M	
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. 246241

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

Deputy Registrar: *[Signature]*

Date: **JAN 8 2004**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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