N OFFICIAL RECORDS O COUGLAS CO. NEVADA

DEPUTY

APN: 1220-22-310-155

2004 SEP 29 AM 11: 16

RECORDING REQUESTED BY:

WERNER CHRISTEN RECORDER

WHEN RECORDED MAIL TO:

PAID A

Name

BEVERLY B. WELCH

Street

691 LONG VALLEY

Address

GARDNERVILLE, NV 89410

Zip

City State

Order No.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT

BEVERLY B. WELCH, of legal age, being first duly sworn, deposes and says:

That BYRON A. WELCH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BYRON A. WELCH named as one of the parties in that certain GRANT BARGAIN AND SALE DEED dated NOVEMBER 21, 1990 executed by ROBERT PIER AND RUTH PIER AS J&J PROPERTIES to BYRON A. WELCH AND BEVERLY B. WELCH as joint tenants, recorded as instrument No. 239511, on NOVEMBER in Book 1190, Page 3365, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the N/A, County of DOUGLAS, State of Nevada:

LOT 29 AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO 7, FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA ON MARCH 27, 1974 IN BOOK 374 PAGE 676 DOCUMENT NO 72456 OFFICIAL RECORDS.

> 0625336 RK0904PG11925

Affidavit - Death of Joint Tenant - Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ 0.

}ss

Dated SEPTEMBER 29, 2004

Surviving Joint Tenant

STATE OF NEVADA

COUNTY OF DOUGLAS

This instrument was acknowledged before me on <u>SEPTEMBER 29, 2004</u>,

Welch

by BEVERLY B. WELCH

Notary Public



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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**

; t	LOCAL FILE, NUMBER		•	\	STATE FILE NUMBER
TYPE OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
IN PERMANENT	1. Byron	Albert	WELCH	² August 19, 2004	3a. Douglas
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER	R INSTITUTION—Name (If not either, give	street and number) If Hosp. or Inst. indicate I Rm. Inpatient (Specify)	DOA, OP/Emer. SEX
CEDENT	3b. Gardnerville	3a 691 Lon	g Valley Rd.	3e	4 Male
<u> </u>	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Original Specify Mexican, Cuban, Puerlo		(Years) MOS DAYS HOURS MINS	5
	5 White STATE OF BIRTH	6. CITIZEN OF WHAT COUN	7a. 76 Decedent's Education. Specify higher		8. July 10, 1928 URVIVING SPOUSE (If wife, give maiden name
F DEATH OCCURRED IN	(If not U.S.A., name country)	TRY	grade completed.	WIDOWED, DIVORCED	2. Beverly Stansbury
: Institution :See Handbook	9a. Kansas SOCIAL SECURITY NUMBER	9b U.S.A.	10. Years The Kind of Work Done During Most of	NNO OF BUSINESS OR INDUSTRY	2 beverly stanspury
REGARDING COMPLETION OF	ON OF The state of				
ESIDENCE ITEMS	RESIDENCE—STATE COL		CITY, TOWN, OR LOCATION	STREET AND NUMBER 691	INSIDE CITY LIMITS
└	15a. Nevada 15b.	Douglas,	™ Gardnerville	15d LongVWalley	Rd. (Specify Yes or No)
	FATHER-NAME First	Middle	Last MOTHER-MA		iddle Last
ARENTS	16 Albert	Elmer	Welch 17.	Vivian	Cramer
the state of the s	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town, St.	V
	180. Beverly Welch			alley Rd. Gardnervil	1e, NV 89460
	BURIAL, CREMATION, REMOVAL, OTH		Y OR CREMATORY—NAME	/ [//***	
SPOSITION	19a. Cremation 19b. FitzHenry's Crematory 19c. Carson City, Nevada FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY FITZHENRY'S Carson Valley Funeral				
e.	(Or Person Acting as Such)				
£ 1					
	due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mp., Day, Yr.) HOUR OF DEATH At the time, date and place and due to the cause(s) and make the cause(s) and make the cause(s) and make the time, date and place and due to the cause(s) and make the time, date and place and due to the cause(s) and make the cause(s) and make the time, date and place and due to the cause(s) and time the time, date and time the time, date and time the time time, date and time time.				
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∯ Portugues	1 59 mm Y/) A 1 C / 1010 1212 15 200 1220				
RTIFIER	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)				
	스타 3 21d.		DING PHYSICIAN, MEDICAL EXAMINER,		B. AT
ř.					0010
85 85 ***	23a Andrea L.	Miller M.D.,	1374 Bridle Way,	Minden, NV 89423 EGISTRAR (Mo., Day, Yr.) DEATH DUE TO COM	
ONDITIONS FIF ANY IICH GAVE	24a. (Signature)	Las Pool	240/H/Q1/5+	2- 200//	NOE
NEDIATE	1 2101031	ONLY ONE CAUSE PER LINE F	7,000,001		• Interval between onset and death
YING	PART (a)	Durato	u failen	Le	•
LYING .JT	DUE TO, OR AS A CON	SEQUENCE OF:	16/1		Interval between onset and death
	10 meto	rotatic	glosta	te Cancer	<u> </u>
# 7	DUE TO, OR AS A CON	SEQUENCE OF:			interval between onset and death
AUSE OF	Yes or No) CORONER (Specify Yes or No)				
DEATH					
35 36	ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED				
35.465353338C	OR PENDING INVEST.	28c.			
8	INJURY AT WORK PLA	CE OF INJURY—At home, farm,	street, factory, office LOCATION.	STREET OR R.F.D. No. CITY	OR TOWN STATE
88	(Specify Yes or No) 28e. 28f.	building, etc. (Sp	ecify) 28g.		
		-//		RI.	071010
8. 8.	/ /	STATE RI	EGISTRAR	N	o. 271912
1					



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CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED:

ALIC 2.5 2004

DATE ISSUED:

AUG 25 2004

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

