08/09/2005 09:04 AM Deputy: KLJ OFFICIAL RECORD Requested By: JACK SHEEHAN

Douglas County - NV Werner Christen - Recorder 17.00

of Page: 1 PG- 4102 RPTT:



APN: 1320 - 32 - 111 - 053 Recording Requested By:

Name: JACK SHEEHAN, ESQ. P.O. Box 1599

Minden, Nevada 89423

When recorded mail to:

Ms. Sandra L. Vinger 1602 Mono Ave. Minden, Nevada 89423

AFFIDAVIT-DEATH OF A JOINT TENANT

AFFIDAVIT-DEATH OF A JOINT TENANT

STATE OF NEVADA)	
	:	SS
COUNTY OF DOUGLAS)	

I, SANDRA VINGER, of legal age, being duly sworn, deposes and says that NINA R. VINGER, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as NINA R. VINGER named as one of the parties in that certain Grant, Bargain and Sale Deed dated February 25, 1981, executed by NINA R. VINGER, unmarried woman to NINA R. VINGER, unmarried woman and SANDRA L. VINGER, unmarried woman, as joint tenants recorded as instrument number 53968, on March 2, 1981, in Ledger 381 page 093, of Official Records of Douglas County, Nevada, covering the following described property:

Lot 7 and 8 in Block J of the Town of Minden, County of Douglas, State of Nevada, according to the Official Map thereof, filed in the office of the County Recorder of Douglas County, Nevada.

Assessor's Parcel No. 25-200-47.

Dated this 3rd day of August, 2005.

SANDRA L. VINGER

0651710 Page: 2 Of 4

BK- 0805 PG- 4103 STATE OF NEVADA) : ss. COUNTY OF DOUGLAS)

That on this 3rd day of August, 2005, then and there personally appeared before me, a Notary Public, in and for the said county and state, SANDRA L. VINGER, known to me to be the person who subscribed in and who executed the foregoing AFFIDAVIT DEATH OF A JOINT TENANT and who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

NOTARY PUBLIC



08/09/2005



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	11個の方面の39
LOCAL FILE NUM				STATE FILE NUMBER
DECEASED—NAME Fire		Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
t. Nin		VINGER	2.May 5, 2005	3a. Douglas
CITY, TOWN OR LOCATION	1 1 1 1 1 1 1 1	IER INSTITUTION-Name (If not either, gi	ive street and number) If Hosp. or Inst. Indicate Rm. Inpatient (Specify)	DOA, OP/Emer. SEX
3b. Minden	***	Iono Ave.	36. 6	4. Fer
RACE—(e.g., White, Black, Ar Indian, etc.) (Specify)	nerican Was Decedent of Hispanic C specify Mexican, Cuban, Pu	Origin? Specify Dives (Syme If yes, AGE Birtho	Last UNDER 1 YEAR UNDER 1 DAY MAY (Years) MOS DAYS HOURS MIN	
5. White	6.	178	80 7b. 7c.	*April 7, 19
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT CO		heet MARRIED, NEVER MARRIED, S	SURVIVING SPOUSE (If wile, give
9a California	9b. U.S.A.	(*) Lie and 19	Divorced	2. '
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	Give Kind of Work Done During Most of	3 2 KIND OF BUSINESS OR INDUSTRY	
13. ————————————————————————————————————	Working tife, Even it Re	ive Secretary	Photo Finish Equ	inment :
RESIDENCE—STATE	COUNTY		STREET AND NUMBER	INSIDE CITY LIM
15a. Nevada	15b. Douglas	15c Minden	isa 1602 Mono Av	re. (Specify Yes or N
FATHER—NAME First	Middle			iddle Last
16. Willi	と の ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	ındak	Katherine	Pave1ka
INFORMANT—NAME (Type o	TT 6.7 /	MAILING ADDRESS	(Street or R.F.D. No., City or Town, SI	
	- # * * * * * · · · · · · · · · · · · · ·	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		
18a Sandra Vin BURIAL, CREMATION, REMO	ger		The state of the s	89423
BURIAL, CREMATION, REMO		ERY OR CREMATORY—NAME		ity or Town State
19a Burial	} 3.	Eastaide Memorial	Cemetery 196. Mi	.nden Neva
FUNERAL DIRECTOR—SIGN (Or Person Acting as Such)	PINER.	AL DIRECTOR NAME AND ADDRESS	OF FACILITY Walton's Douglas	County Morti
20a. ➤ 11MM	1 121M 17 14 6	19 20 1478 4t	h St. Minden Nevada	89423 58
Z 21a. To the best of my due to the causels	downstage, death postured at pre-time; of	late and place and	22a. On the basis of examination and/or invest at the lime, date and place and due to the	igation, in my opinion death oc
요한 (Signature and Hit		2 PM	Si Signature and Title)	o october and manner details.
DATE SIGNED (M), Day, Yr.) HOUR OF I	DEATH STATE OF THE		OUR OF DEATH
5g 21b. 5	19 10 5 08	1:35	8 22b. 22b. 22	2.
NAME OF ATTENS	DING PHYSICIAN IF OTHER THAN CER	CAN COLOR OF THE C	PRONOUNCED DEAD (Mo., Day, Yr.) PR	ONOUNCED DEAD (Hour)
(Signature and Mail DATE SIGNED (Mail Signature and Mail Signature				
	SS OF CERTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXAMINE	FLOR CORONER) (Type or Print)	LICENSE NUMBER
	5 N/2 Ex	- AL - 本 - 直身 1 - 女 + 女 5 - マノ -	Minden, Nevada 89423	236. 8912
REGISTRAR	ga Miller, M.D.,	DATE BECENED BY	PEGISTRAR (Me., Day, Yr.) DEATH DUE TO CON	
	1 D V . A.	24b. M. 1		
24a. (Signature) 25. IMMEDIATE CAUSE	(ENTER ONLY ONE CAUGE PER LINE	24b. / 11/11/	10,3005 24c YES 1	(0) 图
ES. IMMEDIATE GADOL	ENTEN CHET CHE CHORE FEN EINE	1 Of all contract of	'	 Interval between onset an
PART (a)	speratory	pulme !		•
DUE TO, OR A	S A CONSEQUENCE OF	41.0		Interval between onset an
(b) CO	ngesture he	at pulline	<u> </u>	*
DUE TO, OR A	S A CONSEQUENCE OF:		,	interval between onset an
(c)				•
	NT CONDITIONS—Conditions contribution	ng to death but not resulting in the underly	ing cause given in Part 1. AUTOPSY (Speci Yes or No.	WAS CASE REFERRED TO CORONER (Specify Yes of
			26. No	27. NO
ACC., SUICIDE, HOM., UNDE	., DATE OF INJURY (Mo., Day, Yr.) HC	OUR OF INJURY DESCRIBE HO	W INJURY OCCURRED	1
(Specify)	28b. 28	ic. M 28d.	,	
28e. INJURY AT WORK	PLACE OF INJURYAt home, far	TI, street, factory, office LOCATION.	STREET OR R.F.D. No. CITY	OR TOWN STATE
(Specify Yes or No)	building, etc. (5	Specify)	OFF	J. John Olnie
28e.	28f.	28g.		
1			No	28451
The same of the sa	STATE P	REGISTRAR	NC	· 2040
THE .	100		, A	



075782

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:

JUL 2 7 2005

This copy is not valid unless prepared on er





BK- 0805 PG- 4105 08/09/2005