

OFFICIAL RECORD
Requested By:
JACK SHEEHAN

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0805 PG- 4102 RPTT: 0.00



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

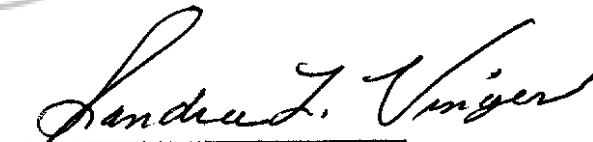
STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

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

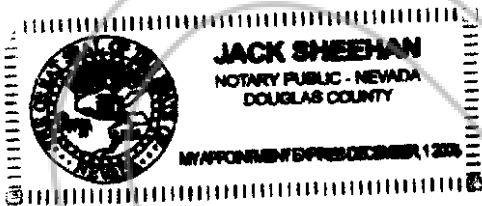


STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

20050006950

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
PRECEDENT	1. Nina Ruth VINGER			2. May 5, 2005		
	CITY, TOWN OR LOCATION OF DEATH			COUNTY OF DEATH		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Minden			3c. 1602 Mono Ave.		
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			4. Female		
PARENTS	5. 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. 80			7b. 6		
DISPOSITION	8. April 7, 1925			9. 6		
	10. 313			11. 741		
CERTIFIER	12. Divorced			13. Photo Finish Equipment		
	14a. Executive Secretary			14b. Photo Finish Equipment		
CAUSE OF DEATH	15a. Nevada			15b. Douglas		
	15c. Minden			15d. 1602 Mono Ave.		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	16. William Lundak			17. Katherine Pavelka		
	18a. Sandra Vinger			18b. 1602 Mono Ave., Minden, Nevada 89423		
ANY ALTER	19a. Burial			19b. Eastside Memorial Cemetery		
	19c. Minden			19d. Nevada		
20a. Funeral Director—Signature (Or Person Acting as Such)			20b. Funeral Director—Name and Address of Facility			
21a. Funeral Director—Signature (Or Person Acting as Such)			21b. Funeral Director—Name and Address of Facility			
21c. 08:38			21d. 08:38			
22a. ON			22b. AT			
23a. Andrea Miller, M.D., 1374 Bridle Way, Minden, Nevada 89423			23b. 8912			
24a. Wesley R. Kucharski			24b. May 15, 2005			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			26. NO			
26. NO			27. NO			
28a. NO			28b. NO			
28c. NO			28d. NO			
28e. NO			28f. NO			
28g. NO			28h. NO			

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

ANY ALTER

STATE REGISTRAR

No. 284513

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 27 2005

Andrea Miller
STATE REGISTRAR

This copy is not valid unless prepared on or



BK- 0805
PG- 4105

