

16

OFFICIAL RECORD

Requested By:

WALTER MAHL

A.P.N.: 1321-33-001-016

File No: ()

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00

BK-1005 PG-01806 RPTT: 0.00

When Recorded, Mail Tax Statements To:

Walter Mahl  
P.O. Box 471  
Gardnerville, NV 89410



**AFFIDAVIT - TERMINATING JOINT TENANCY**

Walter N. Mahl, of legal age, being first duly sworn, deposes and says:

That **Barbara I. Mahl**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Barbara I. Mahl** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **July 24, 1987** executed by **Robert A. Oswald and Yoshiko K. Oswald, husband and wife to Walter N. Mahl and Barbara I. Mahl, husband and wife as joint tenants** as joint tenants, recorded as Document No. **159354** on **July 31, 1987** in Book **787 Page 4736** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

**The South Half of the Southeast Quarter of the Southwest Quarter of the Northwest Quarter of Section 33, Township 13 North, Range 21 East, M.D.B.&M.**

Walter N. Mahl 10-04-05  
Walter N. Mahl Date

STATE OF **NEVADA** )  
 ) :SS.  
COUNTY OF **DOUGLAS** )

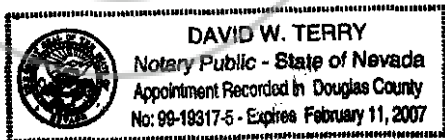
This instrument was acknowledged before me on  
Oct. 4<sup>th</sup> 2005 by

Walter N. MAHL

[Signature]

Notary Public

(My commission expires: 2-11-07 )



Order No. \_\_\_\_\_

Escrow No. 202048VM

WHEN RECORDED, MAIL TO:  
Mr. & Mrs. Walter N. Mahl  
P.O. Box 471  
Gardnerville, NV 89410

MAIL TAX STATEMENTS TO  
SAME AS ABOVE.

Space above this line for recorder's use

RPTT - \$27.50

GRANT, BARGAIN and SALE DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,  
ROBERT A. OSWALD AND YOSHIKO K. OSWALD, husband and wife

do(es) hereby GRANT, BARGAIN and SELL to

WALTER N. MAHL AND BARBARA I. MAHL, husband and wife, as Joint Tenants with  
right of survivorship  
the real property situate in the County of Douglas, State of  
Nevada, described as follows:

The South 1/4 of the Southeast 1/4 of the Southwest 1/4 of the  
Northwest 1/4 of Section 33, Township 13 North, Range 21, East,  
M.D.B.&M.

Assessment Parcel No. 23-160-07

TOGETHER with all tenements, hereditaments and appurtenances, including  
easements and water rights, if any, thereto belonging or appertaining,  
and any reversions, remainders, rents, issues or profits thereof.

Dated July 24, 1987

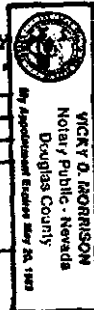
*Robert A. Oswald*  
ROBERT A. OSWALD  
*Yoshiko K. Oswald*  
YOSHIKO K. OSWALD

STATE OF NEVADA )  
County of DOUGLAS ) ss.

On JULY 30, 1987 personally  
appeared before me, a Notary Public,  
ROBERT A. OSWALD AND  
YOSHIKO K. OSWALD

who acknowledged that the executed  
the above instrument.

*[Signature]*  
Notary Public



REQUESTED BY  
FIRST NEVADA TITLE COMPANY  
IN DEFERRED RECORDS OF  
DOUGLAS COUNTY, NEVADA

'87 JUL 31 P2:38

SUZANNE B. BUREAU  
RECORDER

1748 (2/71)

PAID *[Signature]* DEPUTY 159354

787 PAGE 4736



BK- 1005  
PG- 1807

**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**

TYPE OR PRINT IN PERMANENT BLACK INK

ACCIDENT

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

PARENTS

PROFESSION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER			
DECEASED—NAME First Middle Last 1. <b>Barbara I. MAHL</b>			DATE OF DEATH (Month, Day, Year) 2. <b>September 7, 2005</b>		COUNTY OF DEATH 3a. <b>Douglas</b>	
CITY, TOWN OR LOCATION OF DEATH 3b. <b>Gardnerville</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. <b>1651 Windmill Road</b>		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.	SEX 4. <b>Female</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>White</b>	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. <b>82</b>	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) <b>December 25, 1922</b>	
STATE OF BIRTH (If not U.S.A., name country) 9a. <b>Rhode Island</b>	CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>	Decedent's Education. Specify highest grade completed 10. <b>13 years</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) 12. <b>Walter Mahl</b>		
SOCIAL SECURITY NUMBER 13. <b>5927</b>		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) 14a. <b>Homemaker</b>		KIND OF BUSINESS OR INDUSTRY 14b. <b>Own Home</b>		
RESIDENCE—STATE 15a. <b>Nevada</b>	COUNTY 15b. <b>Douglas</b>	CITY, TOWN, OR LOCATION 15c. <b>Gardnerville</b>	STREET AND NUMBER 15d. <b>1651 Windmill Rd.</b>	INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>yes</b>		
FATHER—NAME First Middle Last 16. <b>Frank Neihouse</b>		MOTHER—MAIDEN NAME First Middle Last 17. <b>Ethel Norton</b>				
INFORMANT—NAME (Type or Print) 18a. <b>Walter Mahl - Husband</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>P.O. Box 471, Gardnerville, Nevada 89410</b>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Cremation</b>		CEMETERY OR CREMATORY—NAME 19b. <b>FitzHenry's Crematory</b>		LOCATION City or Town State 19c. <b>Carson City, NV</b>		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>217</b>	NAME AND ADDRESS OF FACILITY 20c. <b>FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, NV 89410</b>			
To be Completed by CERTIFYING PHYSICIAN	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. <b>9-9-05</b>		DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. <b>Bryan Ricks, M.D., 2874 N. Carson St., #135, Carson City, NV</b>		LICENSE NUMBER 23b. <b>9435</b>			
REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>September 12, 2005</b>	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))					Interval between onset and death	
PART I	(a) <b>CVA</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) <b>ATHEROSCLEROSIS</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) <b>HYPERTENSION</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I <b>TURBACCO ABUSE</b>		AUTOPSY (Specify Yes or No) 26. <b>No</b>	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>Yes</b>		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. <b>M</b>	DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify 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	

STATE REGISTRAR No. 320050

082355 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:

SEP 12 2005

*[Signature]*  
STATE REGISTRAR

This copy is not valid unless prepared



BK- 1005  
PG- 1808

