

1600

OFFICIAL RECORD

Requested By:
WALTER MAHL

A.P.N.: 1321-33-001-017
File No: ()

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1005 PG-01809 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 **Deed** dated **February 28, 1972** executed by **George E. Jerdon and Linda Jerdon, husband and wife** to **Walter N. Mahl and Barbara I. Mahl, husband and wife as joint tenants** as joint tenants, recorded as Document No. **67679** on **July 23, 1973** in Book **773 Page 702** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

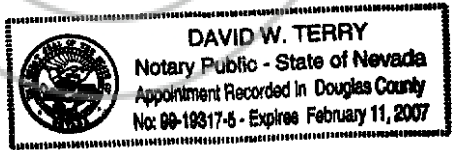
The South 330 feet of the West Half of the Southwest Quarter of the Northwest Quarter of Section 33, Township 13 North, Range 21 East, M.D.B.&M.

Walter N. Mahl
Walter N. Mahl Date

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

This instrument was acknowledged before me on
Oct 4 - 2005 by

Walter N. Mahl
[Signature]
Notary Public
(My commission expires: 2-11-07)



Deed

77-0713

THIS INDENTURE, made and entered into this 28th day of February, 1972, by and between GEORGE E. JERDON and LINDA JERDON, husband and wife, parties of the first part, and WALTER N. MAHL and BARBARA I. MAHL, husband and wife, as joint tenants with right of survivorship, whose address is P. O. Box 471, Gardnerville, Nevada, parties of the second part,

WITNESSETH:

That the said parties of the first part, in consideration of the sum of TEN DOLLARS (\$10.00), lawful money of the United States of America, to them in hand paid by the said parties of the second part, the receipt whereof is hereby acknowledged, do by these presents grant, bargain and sell unto the said parties of the second part, and to the survivor of them, and to the heirs and assigns of such survivor forever, all that certain real property situate in the County of Douglas, State of Nevada, that is described as follows:

The South 330 feet of the West Half of the Southwest Quarter of the Northwest Quarter of Section 33, Township 13 North, Range 21 East, M.D.B.6M.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said parties of the second part, and to the survivor of them, and to the heirs and assigns of such survivor forever.

IN WITNESS WHEREOF, the parties of the first part have executed this conveyance the day and year first hereinabove written.

Linda Jerdon }
Linda Jerdon }
STATE OF NEVADA }
County of Douglas }

George E. Jerdon
George E. Jerdon

On this 28th day of February, 1972, personally appeared before me, a Notary Public, GEORGE E. JERDON and LINDA JERDON, known to me to be the persons described in and who acknowledged that they executed the foregoing instrument.

Emerson J. Wilson
Notary Public



WHEN RECORDED RETURN TO: MAHL at P. O. Box 471, Gardnerville, Nevada 89410

EMERSON J. WILSON, LTD.
ATTORNEY AT LAW
50 COURT STREET
P.O. BOX 684
RENO, NEVADA
VW

LAWYERS TITLE INS CORP.

Recorded & Indexed
On JUL 23 1973 At Reno, Min. Past
Official Records of the State of Nevada Fee \$11.00

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Patricia J. Stuber, Recorder By Patricia J. Stuber

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PAGE 701

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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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Barbara I. MAHL		2. September 7, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		if Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. 1651 Windmill Road		3e. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		December 25, 1922	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6.		7a. 82	
UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Rhode Island		11. Married	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. U.S.A.		12. Walter Mahl	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. 5927		14b. Own Home	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		14a. Homemaker	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1651 Windmill Rd.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Frank Neihouse		17. Ethel Norton	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Walter Mahl - Husband		18b. P.O. Box 471, Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		20. Home, 1380 Hwy 395, Gardnerville, NV 89410	
LOCATION City or Town State		19c. Carson City, NV	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 9-9-05		22b. 1145	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22c. 22c.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22d. ON	
23a. Bryan Ricks, M.D., 2874 N. Carson St., #135, Carson City, NV 89706		22e. AT	
LICENSE NUMBER		23b. 9435	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) <i>Jaimie Evans</i>		24b. September 12, 2005	
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) CVA		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) ATHEROSCLEROSIS		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) HYPERTENSION		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.		AUTOPSY (Specify Yes or No)	
TOBACCO ABUSE		26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No. 320050

082354

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

STATE REGISTRAR

This copy is not valid unless printed on this form.



BK- 1005

PG- 1811

