0682950 DOC 08/24/2006 11:08 AM Deputy: PK OFFICIAL RECORD Requested By: MERVIN E MIEURE

> Douglas County - NV Werner Christen - Recorder 3

Page: 1 Of Fee:

PG- 9333 RPTT: BK-0806

16.00 0.00



APN: 1022-16-002-002

> RECORDING REQUESTED BY: Mervin E. Mieure

WHEN RECORDED MAIL TO:

Name Street MERVIN E. MIEURE 3590 Granite Way

Address

City, State

Wellington, Nevada

Zip

89444

Order No.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

## AFFIDAVIT - DEATH OF JOINT TENANT

MERVIN E. MIEURE, of legal age, being first duly sworn, deposes and says:

That <u>EARLINE F. MIEURE</u>, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as EARLINE F. MIEURE named as one of the parties in that certain <u>Deed</u> dated <u>07/27/1977</u> executed by <u>W.C. STONER and EVELYN F.</u> STONER, husband and wife to MERVIN E. MIEURE and EARLINE F. MIEURE, husband and wife as joint tenants, recorded as instrument No. 11601, on 08/02/1977, in Book877, Page168, of Official Records of County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 6, in Block T, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970.

## 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 \$\\$10.00.

Dated Higher Strille

Mervin E. Mieure\_

Surviving Joint Tenant

STATE OF NEVADA

}SS

COUNTY OF 1

This instrument was acknowledged before me on Harris instrument

by Mervin E. Mieure

Notary Public



SUSAN LAPIN
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No:02-74683-5 - Expires March 21, 2010

BK- 0806 PG- 9334 0682950 Page: 2 Of 3 08/24/2006



## STAVUE OF NEWALDA

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

	ı		S OI DEAT	••	\ \		
LOCAL FILE NUMBER DECEASED—NAME First	Michile	Last	LDAT	TE OF DEATH (Month, Day, Year	STATE FILE NU	MREFI OF DEATH	
1. Earline Fern		MIEURE		June 6, 2004	1 1	3a Carson Ci	
TIY, TOWN OR LOCATION OF		HER INSTITUTION Name (# no	1			SEX	
Carson City		-Tahoe Hospita	-	Firm_Impedient (Sp	ndicate DOA, OP/Emer.  Decity)  CONTROL  ROOM	Femal	
ACE—(e.g., White, Black, Americ Indian, etc.) (Specify)		Origin? Specify   wee 121 no if w	e. AGE—Last	UNDER 1 YEAR UNDER	TY DAY _ DATE OF BIRTIE		
Indian, etc.) (Specify) White	specify Medican, Cuban, Pu 8.	verto Rican, etc.	Parthday (Years)	MOS DAYS HOURS	Mins a July 6		
STATE OF BIRTH	CITIZEN OF WHAT CO			ARRIED, NEVER MARRIED,	SURVIVING SPOUSE (1)		
f not U.S.A., name country) • Kansas	TRY Bb. U.S.A.	grade completed.	2 (8	power, divoaced Married	12Mervin M	i eure	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	(Give Kind of Work Done During	Most of P	OND OF BUSINESS OR INDUST	The state of the s	W.	
13.	Working Life, Even M Re 14a.	Homemaker		Own Hom	e	1	
RESIDENCE-STATE	COUNTY	CITY, TOWN, OR LOCAT		STREET AND NUMBER	INSIDE	CITY LIMITS	
₅ Nevada	15b. Lyon	15Wellington	1	15d3590 Gran	ite Way 150	Yes or No) NO	
ATHER—NAME First	Micidia	Last M	OTHER-MAJOEN NA	MAE First	Middle	Lost	
16. Earl		Helsby II	. Co	ora Eli	zabeth En	gland	
INFORMANT—NAME (Type or Pri		MAILING ADDRES	S	(Street or R.F.D. No., City or T		<u>~</u>	
18m Steven E. Mi	eure	186.7800 W	oodman Ave	e. #84, Panora	ma City, CA	91402	
BURIAL, CREMATION, REMOVAL		ERY OR CREMATORY-NAME		LOCATION	City or Town	State	
194. Burial	196. E	astside Memor:	ial Park	190 Mind	en, Nevada		
FUNERAL DIRECTOR—SIGNATU Or Fersor Acting as Such	RE 3 FUNER	AL DIRECTOR   NAME AND A	DORESS OF FACILIT	Walton's Chap		lley	
20a. > /mm	4 mg - 4 20b.	09 20c 128	N. ROOD	St., Carson C	ity, Nevada	89706	
21b 8	HOUR OF 121c.	2050 RTIFIER (Type or Print)	22b.		HOUR OF DEATH 22c. PRONOUNCED DEAD (	T-lour)	
NAME AND ADDRESS	OF CERTIFIER (PHYSICIAN, ATT	ENDING PHYSICIAN, MEDICAL	EXAMINER, OR COR	IONER). (Type or Print.)	LICENSE NUI		
23a B. Bott	enberg, D.O., 5	50 WWashing	on, #1, (	Carson City, N	V <sub>236</sub> DO6	74	
HEGISTRAR	1011	DATE REC	EIVED BY REGISTRA	R (Mo., Day, Yr.) DEATH DUE 1	O COMMUNICABLE DISEAS	SE	
24s. (Signesure)	2R, Kachs	240. V	100 8.	1004 24c YEST	_ NQ <del>(</del> E)X		
25. IMMEDIATE CAUSE (EN	TTER ONLY ONE CAUSE PER LINE	FOR (0), (0), AND (c).)	/ ///		Interval between	oneet end d	
PART (a) CAL	200 sumonas	marrest			now	W	
DUE 10, OR AS A	CONSERVENCE OF				britannal between	onset and de	
(b) CCC	newsclins	<i>w</i>					
DUE TO, OR AS A	CONSEQUENCE OF:				Interval between	onset and de	
(c)					<u> </u>		
' Mysi	CONDIGUES—Condigues contributes	ing to death but not resulting in I	ne underlying cause g	Wen in Part 1. AUTOPSY Ye 26. NO	(Specify WAS CASE REFI CORONER (Spec 27. NO	ally Yes o⊤ No	
CC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.) H	OUR OF INJURY DES	FRIBE HOW INJURY	OCCURAED			
(Specify) 28a.	2 <del>0</del> 6. 28	βc. M 28d.	1				
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, far	m, street, factory, office LOC/	TION. S	TREET OR R.F.D. No.	CITY OF TOWN S	TATE	
Specify tes or Noj 28e.	building, etc. (3 281.	Specify) 28g.					
	///						
	STATE !	REGISTRAR			No. 264	.051	
76.	JOIAIE	ILGIO I NAN					



45975

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:

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

onne Sylva
state REGISTRAR

