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DOC # 0697506
03/22/2007 10:24 AM Deputy: GB
OFFICIAL RECORD
Requested By:
TOWN OF GARDNERVILLE

QUITCLAIM DEED

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0307 PG- 6937 RPTT: 1.95

In consideration of \$ 1.00

receipt of which is hereby acknowledged,

Roger and Betty Hertz
1228 Kingslane Court
Gardnerville, NV 89410

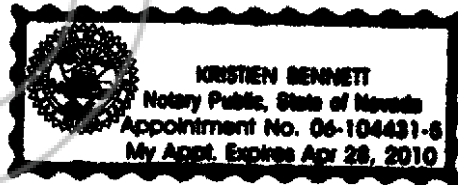
√ do hereby quitclaim to: Gardnerville Town Water Company, Inc.
1394 U.S. Highway 395 N.
Gardnerville, NV 89410

the real property in the County of Douglas, State of Nevada, described
as: Carson River Water Rights Claim. Number 001188

APN. 1220-04-111-015 for 0.10 Acres. As Decreed

Dated: 1/19/07
Betty Hertz
Betty Hertz

State of NEVADA)
County of DOUGLAS)



On January 19, 2007, before me, the undersigned, a Notary Public
in and for the said County and State, personally appeared Betty
Hertz, known to me to be the person(s) described in and
who executed the foregoing instrument, who acknowledged to me that She
executed the same freely and voluntarily and for the uses and purposes therein
mentioned.

WITNESS my hand and official seal.

Kristien Bennett
Notary Public

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 112 IMAGE 220

2586

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

DECEASED—NAME First Middle Last 1. Roger Arnold HERTZ		DATE OF DEATH (Month, Day, Year) 2. September 27, 2003	COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center	If Hosp. or Inst. indicate DOA, OP/Emer. Inpatient (Specify) 3e. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	SEX 4. Male
STATE OF BIRTH (If not U.S.A., name country) 9a. Michigan	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education: Specify highest grade completed. 10. 12 Years	DATE OF BIRTH (Mo., Day, Yr.) 8. March 24, 1932
SOCIAL SECURITY NUMBER 13. [REDACTED] 4403	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Electric Technician	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Betty Lou Watson
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	KIND OF BUSINESS OR INDUSTRY 14b. Electronics
FATHER—NAME First Middle Last 16. Raymond Hertz		MOTHER—MAIDEN NAME First Middle Last 17. Treda Arnold	
INFORMANT—NAME (Type or Print) 18a. Betty Lou Hertz - Wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1228 Kingslane Court, Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory	LOCATION City or Town State 19c. Carson City, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217	NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410
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>James B. Atcheson</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>James B. Atcheson</i>	
DATE SIGNED (Mo., Day, Yr.) 21b. 10/1/03		HOUR OF DEATH 21c. 1100	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22c.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER). (Type or Print) 23a. James B. Atcheson M.D., 1500 E. 2nd St. #401, Reno, NV 89502		LICENSE NUMBER 23b. 2594	
REGISTRAR 24a. <i>[Signature]</i> Dep.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. October 1, 2003	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).)			
PART I (a) congestive heart failure		Interval between onset and death	
(b) cardiomyopathy		Interval between onset and death	
(c)		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) 26. I/O	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. I/O
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28e.	LOCATION 28f.	STREET OR R.F.D. No. 28g.	CITY OR TOWN STATE

STATE REGISTRAR

No. 246170

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Barbara Lee Hunt

Deputy Registrar:

Date:

OCT - 2 2003

WARNING: IT IS ILLEGAL TO ALTER



BK- 0307
PG- 6938