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DOC # 0720826
04/03/2008 02:59 PM Deputy: SD
OFFICIAL RECORD
Requested By:
ROWE & HALES

APN: 1320-31-511-014

When Recorded Mail To:

ROWE & HALES, LLP
James R. Hales, Esq.
✓ P.O. Box 2080
Minden, NV 89423

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0408 PG-1007 RPTT: 0.00



Send Tax Statements To:

Edith M. Bussiere
P.O. Box 2563
Minden, NV 89423

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

Edith M. Bussiere, being of legal age and being first duly sworn, deposes and says:

Affiant was the wife of Gerard E. Bussiere, up to and until his death.

Gerard E. Bussiere died on the 12 day of March, 2008, in Douglas County, Nevada.

Gerard E. Bussiere, the decedent identified in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Grant, Bargain, Sale Deed, dated the 8th day of October, 1986, executed by Grantors, Michael P. Bray and Judith Ann Bray, to Grantees, Gerard E. Bussiere and Edith M. Bussere, holding title as husband and wife, as Joint Tenants with right of survivorship, recorded as Instrument No. 142528 on the 10th day of October, 1986, in Book 1086, Page 1143 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 5, in Block A, as set forth on that certain plat of MACKLAND SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, Nevada, on December 4, 1980, as Instrument No. 51372.

Per NRS 111.312, this legal description was previously recorded at Document No. 142528 on the 10th day of October, 1986, in Book 1086, Page 1143 of the Official Records of Douglas County, Nevada.

Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the social security number of any person, in that the social security number has been redacted from the Death Certificate.

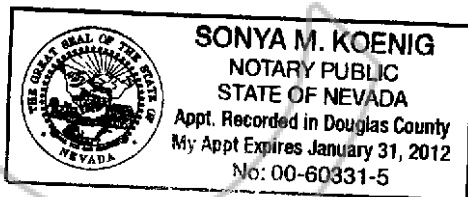
IN WITNESS WHEREOF, I have hereunto set my hand this 2 day of April, 2008.

Edith M. Bussiere
Edith M. Bussiere

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 2 day of April, 2008, by Edith M. Bussiere.

WITNESS my hand and official seal.



Sonya M. Koenig
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008004141
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gerard Emil BUSSIÈRE		2. DATE OF DEATH (Mo/Day/Year) March 12, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		8. DATE OF BIRTH (Mo/Day/Yr) October 16, 1925	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 082		7b. UNDER 1 YEAR MOS	
7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS		7e. UNDER 1 DAY MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) New Hampshire		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Edith SCHIMMING			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Foreman		14b. KIND OF BUSINESS OR INDUSTRY Airlines	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1606 Burrucka St.		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER - NAME (First Middle Last Suffix) Albert BUSSIÈRE			17. MOTHER - NAME (First Middle Last Suffix) Antoinette PARADIS		
18a. INFORMANT- NAME (Type or Print) Edith BUSSIÈRE		18b. MAILING ADDRESS : (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 2563 Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
20c. NAME AND ADDRESS OF FACILITY (Continued) Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703					
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAVID STANDISH HOSKINS M.D.			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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) March 14, 2008		21c. HOUR OF DEATH 10:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David Standish Hoskins M.D. 1664 Hwy 395 #201 Minden, NV 89423			
23b. LICENSE NUMBER 4628		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 18, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE 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				Interval between onset and death	
(a) Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Myocardial Infarction					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Chronic Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Chronic Hyperlipidemia					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Pneumonia, Paralysis Agitatus, Renal Failure, Dementia				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

54220



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BK- 0408
PG- 1009

VRS-Rev-2009P

200417 CERTIFIED COPY OF VITAL RECORDS

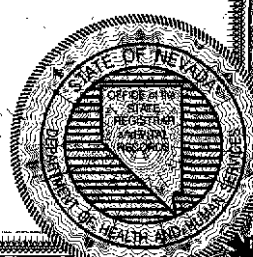
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **MAR 19 2008**

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

PHNCO (Rev) 11/06

Rd White
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE