

162  
DOC # 0721787  
04/18/2008 02:32 PM Deputy: GB  
OFFICIAL RECORD  
Requested By:  
REGINA LECHMANN

A.P.N.: 1320-33-311-014  
File No: ()

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0408 PG- 4930 RPTT: 0.00

✓ When Recorded return to, and mail Tax Statements to:  
REGINA LECHMANN  
1296 KIMBLES WAY  
GARDNERVILLE, NV 89410



### AFFIDAVIT - TERMINATING JOINT TENANCY

REGINA LECHMANN, of legal age, being first duly sworn, deposes and says:

That PETER PAUL BANN, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as PETER P. BANN named as one of the parties in that certain GRANT, BARGAIN & SALE DEED dated 04/20/2005 executed by ROBERT MCINTYRE and ANNETTE WATKINS-McINTYRE to PETER P. BANN & REGINA LECHMANN as joint tenants, recorded as Document No. 0643488 on 05/04/2005 in RECORDER Book 0505, PG 01519 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada :

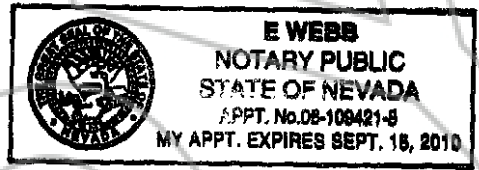
**LOT 14, BLOCK A, AS SET FORTH ON FINAL SUBDIVISION MAP FSM- 1006-2 FOR CHICHESTER ESTATES PHASE 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 9, 1996, IN BOOK 1296 AT PAGE 1286, AS DOCUMENT NO. 402540.**

R. Lechmann, 04/18/2008  
Regina Lechmann Date

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

This instrument was acknowledged before me on  
4/18/08 by Regina M Lechmann \_\_\_\_\_

Regina M Lechmann  
\_\_\_\_\_  
Notary Public  
(My commission expires: 9/19/2010)



**COPY**

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**2008005625**  
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) <b>Peter Paul BANN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 08, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Carson Valley Medical Center</b>		3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>78</b>		7b. UNDER-1 YEAR MOS   DAYS		7c. UNDER-1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 17, 1929</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Pennsylvania</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Regina M LECHMANN</b>	
13. SOCIAL SECURITY NUMBER <b>6176</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Owner/operator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Liquor Store</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1296 Kimbles Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Peter BANN</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Helen BARBARUS</b>		18a. INFORMANT- NAME (Type or Print) <b>Regina M LECHMANN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 1597 Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY -NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED STEPHEN LANE PERRY M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>April 10, 2008</b>		21c. HOUR OF DEATH <b>19:20</b>		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)	
22b. DATE SIGNED (Mo/Day/Yr)		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) <b>Stephen Lane Perry M.D. 1520 Virginia Ranch Rd. Gardnerville, NV. 89410</b>		23b. LICENSE NUMBER <b>6526</b>	
24a. REGISTRAR (Signature) <b>SARAH KOERNER</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 11, 2008</b>		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) <b>Respiratory Failure</b>				Hours	
(b) <b>Bilateral Pneumonia</b>				Days	
(c)				Interval between onset and death	
(d)				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
25a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) <b>Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Atrial Fibrillation, Acute Renal Insufficiency</b>				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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

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BK- 0408  
PG- 4932

VRS-Rev-2008I

**205001 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: **04/14/2008**

*Rod White*  
**SIGNATURE AUTHENTICATED**

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

FBNCO (Rev) 11/96

