

APN: 1320-31-512-001

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0508 PG- 6989 RPTT: 0.00

When recorded, mail to:  
George M. Keele  
1692 County Road, #A  
Minden, NV 89423



**AFFIDAVIT TERMINATING INTEREST IN  
COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP**

STATE OF NEVADA        )  
                                  : ss.  
COUNTY OF DOUGLAS    )

I, MARJORIE J. SPRINGMEYER, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am MARJORIE J. SPRINGMEYER, the same person named as MARJORIE J. SPRINGMEYER, one of the grantees named in that certain Individual Grant Deed recorded as Document No. 405476 in Book 0197, Page 3595, of Official Records, in the Office of the County Recorder of Douglas County, State of Nevada. The real property described therein is located in the County of Douglas, State of Nevada, and is known as 1652 Belarra, Minden, Douglas County, Nevada, and more specifically described as follows, to wit:

Lot 7, in Block B, as shown on the Official Map of BELARRA SUBDIVISION UNIT NO. 2-B, filed for record in

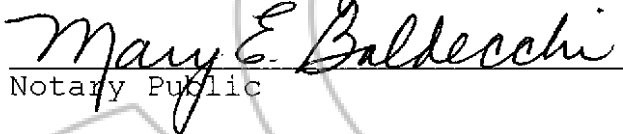
the Office of the County recorder of Douglas County, Nevada, on January 11, 1978, in Book 178, Page 585, as Document No. 16600.

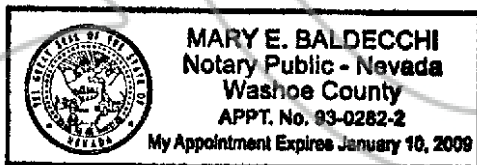
Per NRS 111.312, this legal description was previously recorded at Document No. 405476, in Book 0197, page 3595, on January 8, 1997.

3. MELVIN F. SPRINGMEYER, also one of the grantees named in said deed, is the identical MELVIN FREDERICK SPRINGMEYER named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, who died on December 22, 2007, in Carson City, Nevada.

  
MARJORIE J. SPRINGMEYER

SIGNED AND SWORN TO (or affirmed)  
before me on May 27, 2008,  
by MARJORIE J. SPRINGMEYER.

  
Notary Public



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

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

2007012135  
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 Melvin			1b. MIDDLE Frederick			1c. LAST SPRINGMEYER SR			2. DATE OF DEATH (Mo/Day/Year) December 22, 2007			3a. COUNTY OF DEATH Carson City					
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City						3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1051 Stagecoach Lane						3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)			4. SEX Male		
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 88			7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS			7c. UNDER 1 DAY HOURS   MINS			8. DATE OF BIRTH (Mo/Day/Yr) July 29, 1919		
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada			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) Marjorie JOHNSON					
13. SOCIAL SECURITY NUMBER [REDACTED] 7608			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Business Owner						14b. KIND OF BUSINESS OR INDUSTRY Automotive Service Station And Sales								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville,			15d. STREET AND NUMBER 575 Mottsville Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Ralph Arthur SPRINGMEYER						17. MOTHER - NAME (First Middle Last Suffix) Edith Valerie WERNER											
18a. INFORMANT - NAME (Type or Print) Marjorie SPRINGMEYER						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 575 Mottsville Lane Gardnerville, Nevada 89460											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory			19c. LOCATION City or Town State Carson City Nevada 89701								
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 217			20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701								
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) SIGNATURE AUTHENTICATED RANDALL GEORGE NIXON 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) December 27, 2007			21c. HOUR OF DEATH 20:50			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, (Type or Print)						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) Randall George Nixon M.D. Carson Urologists Ltd Carson City, NV 897038815									23b. LICENSE NUMBER 10377								
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 27, 2007			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 (a) Congestive Heart Failure																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(b) Atrial Fibrillation																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(c) Urothelial Carcinoma of Right Kidney																	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.																	
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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184939

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:

12/31/2007

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

PBSCO (Rev) 11/06

SIGNATURE AUTHENTICATED

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE