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DOC # 0727175  
07/21/2008 12:06 PM Deputy: DW

OFFICIAL RECORD  
Requested By:  
JOAN CHEENEY

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00  
BK-0708 PG- 4261 RPTT: 0.00

A.P.N.: 1320-30-211-054  
File No: ()



When Recorded return to, and mail Tax Statements to:

Joan Cheeny  
✓ 1750 Oakwood  
Minden NV 89423

### AFFIDAVIT - TERMINATING JOINT TENANCY

Joan Cheeny, of legal age, being first duly sworn, deposes and says:

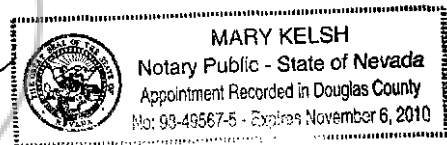
That **Gerald W. Cheeny**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Gerald W. Cheeny** named as one of the parties in that certain **7-9-1998** dated **7-9-2998** executed by **Richard M. Strom and Paulita Strom** to **Joan Cheeny** as joint tenants, recorded as Document No. **0445727** on **7-29-98** in Book **0798** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

See exhibit "A" attached hereto and made a part hereof

Joan Cheeny  
Date

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

This instrument was acknowledged before me on 7-17-08  
\_\_\_\_\_ by



Joan Cheeny  
Mary Kelsh  
Notary Public  
(My commission expires: 11-6-2010)

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

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

**2008004149**

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>Gerald Warren CHEENEY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 03, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1750 Oakwood Drive</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>63</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 07, 1944</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Texas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Joan HENCEY</b>	
13. SOCIAL SECURITY NUMBER <b>0390</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Heavy Equipment</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1750 Oakwood Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Edward CHEENEY</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Ethel BALLARD</b>		18a. INFORMANT- NAME (Type or Print) <b>Joan CHEENEY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1750 Oakwood Drive Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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) <b>STEPHEN LANE PERRY M.D.</b> SIGNATURE AUTHENTICATED			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) <b>March 12, 2008</b>		21c. HOUR OF DEATH <b>03:36</b>		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) <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> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 19, 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 (a) <b>Sudden Cardiac Arrest</b>				Interval between onset and death <b>Seconds</b>	
(b) <b>Acute Coronary Syndrome</b>				Interval between onset and death <b>Minutes</b>	
(c) <b>Coronary Artery Disease</b>				Interval between onset and death <b>Years</b>	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Diabetes, Vascular Disease, Chronic Obstructive Pulmonary Disease, Hypertension</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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- 0708  
PG- 4262

VRS-Rev-2009P

200449 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**

STATE REGISTRAR

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

PHNCO (8&V) 11/06

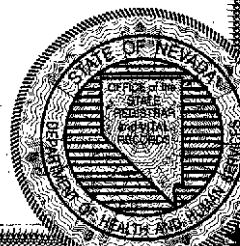
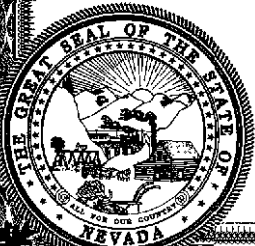


EXHIBIT "A"  
LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada,  
County of Douglas, described as follows:

Lot 11, Block I, as shown on the Official Map of WESTWOOD VILLAGE  
UNIT NO. 1, filed for record in the Office of the County  
Recorder on October 5, 1979, in Book 1079, Page 440, Document  
No. 37417, and A Certificate of Amendment recorded July 14,  
1980, in Book 780, Page 783 and further A Certificate of  
Amendment recorded January 31, 1991, in Book 191, Page 3820,  
Official Records of Douglas County, Nevada.

Assessor's Parcel No. 1320-30-211-054

