

OFFICIAL RECORD

Requested By:
CHARLOTTE WEAVER

APN#: 1022-16-002-025
& 1022-16-002-024

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0908 PG- 2512 RPTT: 0.00

Recording Requested By:



When Recorded Mail To:

✓ Charlotte Weaver
1521 Pearl Rd.
Wellington, NV
89444

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380)

Signature

Charlotte L. Weaver

Charlotte L. Weaver

Surviving Joint Tenant

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Charlotte L. Weaver, of legal age, being first duly sworn, deposes and says:

That Willie V. Briam, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Willie V. Briam named as one of the parties in that certain Grant Deed dated 01/08/2001 executed by Willie V. Briam to Charlotte L. Weaver and Willie V. Briam as joint tenants, recorded as instrument No. 507035, on 01/18/2001, in Book 0101, Page 3274, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Being all of Lot 16 & Lot 17, in Block K, as shown on the map entitled "Topaz Ranch Estates, Unit No. 4" filed for record November 16, 1970, in the office of the County Recorder of Douglas County, Nevada, as Document No. 50212.



Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ \$0.00.

Dated 9-11-08

Charlotte L. Weaver
Charlotte L. Weaver,
Surviving Joint Tenant

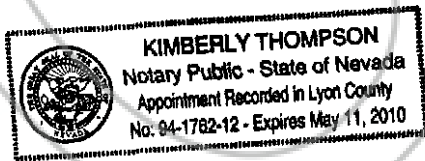
STATE OF NEVADA }SS

COUNTY OF Carnegie City

This instrument was acknowledged before me on

9-11-08
by Charlotte L. Weaver

Kimberly Thompson
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007001756
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 Willie			1b. MIDDLE V			1c. LAST BRIAM			2. DATE OF DEATH (Mo/Day/Year) April 15, 2007			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Topaz Ranch Estates						3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 1521 Pearl Road						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) 92			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 08, 1914				
9a. STATE OF BIRTH (if not U.S.A., name country) Texas			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)					
13. SOCIAL SECURITY NUMBER 3480			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Manager						14b. KIND OF BUSINESS OR INDUSTRY Funeral Home								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Topaz Ranch Estates			15d. STREET AND NUMBER 1521 Pearl Road			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix)						17. MOTHER - NAME (First Middle Last Suffix) Helen CHAFFIN											
18a. INFORMANT- NAME (Type or Print) Charlotte WEAVER						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1521 Pearl Road Topaz Ranch Estates, Nevada 89444											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial			19b. CEMETERY OR CREMATORY - NAME Pomona Cemetery			19c. LOCATION City or Town State Pomona California 91766											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL			20b. FUNERAL DIRECTOR LICENSE 620			20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423											
20a. SIGNATURE AUTHENTICATED																	
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) KELLE LYNN BROGAN 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) April 18, 2007			21c. HOUR OF DEATH 15:20			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) Kelle, Lynn Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511									23b. LICENSE NUMBER 6000								
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 18, 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 (a) Chronic Obstructive Pulmonary Disease						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF: (b) Dementia						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF: (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.									26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No						
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- 0908
PG- 2515

VRS-Rev-EZ

230814 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: **JUL 29 2008**

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

PBNC0 (Rev) 1/06

Rd Whitey
STATE REGISTRAR

