

OFFICIAL RECORD

Requested By:  
GEORGE KEELE

APN:1220-16-310-026

The undersigned hereby affirms  
that there is no  
Social Security number  
contained in this document.

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-1208 PG- 3611 RPTT: 0.00



When recorded, mail to:

✓ George M. Keele  
1692 County Road, #A  
Minden, NV 89423

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 : ss.  
COUNTY OF DOUGLAS )

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

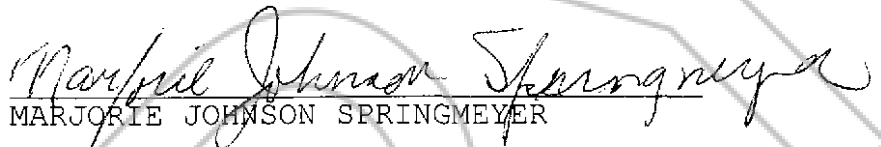
1. I am over the age of twenty-one (21) years and  
competent to be a witness as to the matters hereinafter stated.

2. I am MARJORIE JOHNSON SPRINGMEYER, the surviving spouse  
of MELVIN F. SPRINGMEYER, SR., who is one of the grantees named  
in that certain Grant Deed recorded as Document No. 173978 in  
Book 388, Page 1108, 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 1277 Redwood Circle, #2,  
Gardnerville, Douglas County, Nevada, and more specifically  
described as follows, to wit:

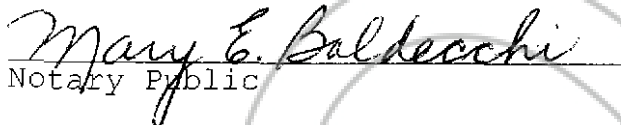
Lot 26, in Building D as set forth on the map of  
SEQUOIA VILLAGE TOWNHOUSES-1, filed for record in the  
Office of the County Recorder of Douglas County,  
Nevada, on November 14, 1979, as Document No. 38712,

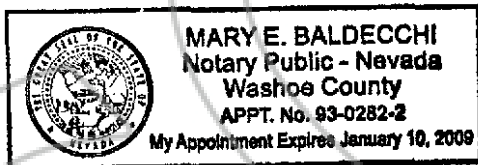
and as corrected by Certificate of Amendment recorded July 14, 1980, as Document No. 46136.

3. MELVIN F. SPRINGMEYER, SR., one of the grantees named in said Grant Deed, is the identical MELVIN FREDERICK SPRINGMEYER SR. 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 JOHNSON SPRINGMEYER

SIGNED AND SWORN TO (or affirmed)  
before me on November 18, 2008,  
by MARJORIE JOHNSON 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

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		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 Fitzhenry's Crematory			19c. LOCATION City or Town State Carson City Nevada 89701											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 217			20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr Carson City NV 89701								
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).)												Interval between onset and death					
PART (a) Congestive Heart Failure												Interval between onset and death					
DUPLICATE TO, OR AS A CONSEQUENCE OF: (b) Atrial Fibrillation												Interval between onset and death					
DUPLICATE TO, OR AS A CONSEQUENCE OF: (c) Urothelial Carcinoma of Right Kidney												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) 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

0734665 Page: 3 Of 3 12/18/2008  
BK- 1208  
PG- 3613

243757 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: NOV 21 2008

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

*Rd White*  
STATE REGISTRAR

